2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P97000089574 THE LAW OFFICES OF STEVEN M. SINGER, P.A.



FILED Jan 11, 2008 8:00 am Secretary of State 01-11-2008 90030 001 ***150.00

Principal Place of Business				Mailing Address											
290 NW 165 STREET #M-500				290 NW 165 STREET #M-500											
MIAMI, FL 33169				MIAMI, FL 33169											
2. Principal Place of Business - No P.O. Box #				3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.				042008	Chg	_{)-P}	CR2	2E03	4 (12/0	6)	
City & State				City & State			I .	4. FEI Number 65-0788299							lied For Applicable
Zip		Country		Zip	Count	try		Certificate of		Desired			8.75	Addit	tional
	6. Name	and Address of	of Current Regis	tered Agent	<u> </u>	I	7. N	Name and /	Address	of New	Register		ee Requ	niea	
		,		•		Name									
SINGER, 8 290 NW 16	STH ST ,	#M-5	00			Street A	ddress (P.O. B	Box Number	r is Not A	Acceptat	ole)				
MIAMI, FL	33165 ′				ŀ										
	, 15					City	<u></u>				F	=_	Zip C	ode	
8. The above	named entit	y submits this st	atement for the p	ourpose of changing its	registere	l ed office or	r registered ag	ent, or both	n, in the S	State of F	-		miliar w	ith, a	nd accept
the obligat	ions of regist	tered agent.													
SIGNATURE.	Signature typed	or printed name of rec	gistered agent and title	rt applicable (NOT	F: Registered	d Agent signati	ure required when re	augetating)			DAI	75			
	70(1)	*		, to			are required when re	sinsaamig)			DAI				
		FEE IS \$15		9. Election Campa			\$5.00 M								
After Ma	ay 1, 200	8 Fee will b	e \$550.00	Trust Fund Cont	tribution.		Added to f	Fees							
After Ma			e \$550.00 CERS AND DIREC		11.			Fees DITIONS/C	CHANGE	S TO OF	FICERS A	AND I	DIRECTO	ORS	IN 11
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10.	D SINGER,	OFFIC STEVEN M 65TH ST, # M	CERS AND DIREC	CTORS	11. TITLE NAME				CHANGE	S TO OF	FICERS A				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

08.25 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR