FILE	NOW: FILING	FEE AF	TER MAY 1ST IS	\$550.	00		an an ann an				
COF	PROFIT FLOR CORPORATION ANNUAL REPORT			RIDA DEPARTMENT OF STATE. Katherine Harris Secretary of State IVISION OF CORPORATIONS							
DOCUMENT # COUNTY TRADING SERVICE CORP							99 MAR 17 PM 1:08				
Principal Place of Business Mailing Address 3051 NW 75 AVE							Hill Harriston and Control				
MIAMI FL 33122							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 2 7 JAN 98				
21 MIAN Suite, Apt.		2a. Mailing Address 26 PO BOX 5221 Suite, Apt. #, etc.	D BOX 522190			4. FEI Number # 65 – 0823658			Applicable		
City & SAN	27] AMI FL City & State						Certificate of Status Desired Election Campaign Financing	L.J	Fee Req \$5.00 N	quired	
Zip 331!					гу		Trust Fund Contribution This corporation owes the current Personal Property Tax.	it year Inlang		Fees No	
RENE	9. Name and Address EE TOMLINSON		egistered Agent	81		Name	10. Name and Address of New Re		int		
3015 WN 75 AVE MIAMI FL 33122				83 83	L	Street Addre	ess (P.O. Box Number is Not Acceptable	e) 	· · · ·		
A4 Demonstration of Control (Control (C					1	City			Zip Co		
office or r agent. I a SIGNATURE				orized by a Statute	y the	e corporation	oration submits this statement for the punis board of directors. I hereby accept to 0.3	the appointme 3 – 12 – 9	nging its ri ent as regi 9	stered	
	Signature, typed or printed name of				ent si	ignature required	when rainstating)	DATE			
12.	Dones				13.		ADDITIONS/CHANGES TO OFFI	·			
TITLE	PRINCIPAL DIRECTOR				1.1 TITLE 1.2 NAME			L) Change	☐ Addition	
STREET ADDRESS	RENEE TOMLINSON 3051 NW 75 AVE				1.3 STREET ADDRESS						
TITLE	TREASURER			2.1 TITLE					Change	Addition	
NAME	MAX MORALES			22 NAME		- (Societa	817	605	0	
STREET ADORESS	3015 WN 75 AVE-MAIMI FL 33122					DORESS	-03/25	5/990 ISO.00	1003	-015	
TITLE .	☐ DELETE			2.4 CITY-ST-ZIP 31 TITLE			**************************************		Change	☐ Addition	
NAME 4	SECRETARY			3.2 NAME							
STREET ADDRESS	ROBERTO MORALES III 3051 NW 75 AVE-MAIMI FL 33122			3.3 STREET ADORESS			•				
CITY-ST-ZIP	3051 NW 75 AVE-MAIMI FL 33122			3.4. CITY-ST-ZIP					Chanas	□ 1 Addition	
NAME			C) OELETE	4.1 HILE 4.2 NAME				L] Change	Addition	
STREET ADDRESS				4.3 STREE		DORESS					
CITY-ST-ZIP				4.4 CiTY-		DIP .					
TITLE			☐ DELETE	51 TITLE 52 NAME			A	, \ \ \] Change	☐ Addition	
STREET ADDRESS				5.3 STREE		DORESS	~ K				
CITY-ST-ZIP				54 CITY -		- 1					
TITLE	· · · · · · · · · · · · · · · · · · ·		☐ DELETE	61 TITLE				/ [Change	Addition	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is frue 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 expowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an Address, with all other like emplowered

SIGNATURE:

| SIGNATURE AND TYPEO OR PRINTED MAM OF SIGNING DEFICER OR DIJECTOR | 19.07(3)(i). Florida Statutes I further certify that the information indicated in Section 119.07(3)(i). Florida Statutes I further certify that the information indicated on this annual report or supplied under oath; that I am an officer or director discovered by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an Address, with all other like employment of the corporation of the c

6.2 NAME

63 STREET ADDRESS

NAME

STREET ADDRESS