2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000021021



FILED Apr 24, 2007 8:00 am Secretary of State 04-24-2007 90007 030 ***150.00

1. Entity Nam FLORIDA			NTING SERVICES,IN	NC.			04-24-2007	0007 050	. 10 3.	
Principal Plac	e of Busines	s	Mailing Address			1				
145 MADEIRA AVE STE 316			145 MADEIRA AVE STE	145 MADEIRA AVE STE 316 CORAL GABLES, FL 33134						
A D										
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E03	4 (12/06)	
City & State			City & State	City & State		4. FEI Numb 65-081				oplied For of Applicable
Zip	Zip Country		Zip	Zip Country			of Status Desired		8.75 Add	ditional
	6. Name	and Address of Current	Registered Agent	!		7. Name and	Address of New R			
					Name	.,			3	
CUÉVAS, MARTA R 3105 N.W. 15TH ST					Street Address	(P.O. Box Numb	er is Not Acceptable	9)		
MIAMI, FL	33125									
					City			FL	Zip Code	e
	named entit tions of regist		or the purpose of changing its	registere	ed office or registe	ered agent, or bo	th, in the State of Fk	orida. I am fa	miliar with,	and accept
SIGNATURE.	Signature, typed	for printed name of registered agent	and litte it applicable. (NOTI	E: Registere	d Agent signature require	ed when reinstating)		DATE		
		FEE IS \$150.00 7 Fee will be \$550.	9. Election Campai Trust Fund Cont			i.00 May Be ded to Fees				
	ay 1, 200		Trust Fund Cont			ded to Fees	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
10.	a y 1, 200	7 Fee will be \$550. OFFICERS AND	Trust Fund Cont	ribution.		ded to Fees	CHANGES TO OFF	ICERS AND	DIRECTOR: ☐ Change	S IN 11
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10.	a y 1, 200	OFFICERS AND , MARTA R 15 ST.	DIRECTORS	11. TITLE NAM		ded to Fees	CHANGES TO OFF	ICERS AND	_	
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thereby being that his minimuon supplied with rins illing does not quality 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.

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Mun ME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NA