## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 08, 2007 08:00 AM Secretary of State

DOCUMENT # P98000023041  1. Entity Name FLORIDA SYSTEM K, CORPORATION					Secretary of		oi Stat
Principal Plac	ce of Business	Mailing Address					
7105 SW 8 ST 7105 SW 8 ST							
306 Miami, FL 3	33144	306 Miạmi, FL 33144			T KARIKANI (IN KUNK INKA NOKI) R	2011 - Annie Anie Anie III de Juiu Anie II de J	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #. etc.		Suite, Apt. #, etc.		05012007 Chg-P	CR2E034 (12/0		
City & State		City & State		4. FEI Number 65-0820364		Applied For Not Applicable	
Zip	Country	Zip	Coun	ntry	5. Certificate of Status Des	Fee Requ	
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of N	New Registered Agent	
HERRERA	A, JOSE RODOLFO			Name			
3008 NE 210 ST AVENTURE, FL 33180			Street Address (P.O. Box Number is Not Acceptable)				
				City		FL Zip C	ode
	e named entity submits this statement ( tions of registered agent.	or the purpose of changing its	register	ed office or register	ed agent, or both, in the State	of Florida. I am familiar wi	th, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and little if applicable (NOT	/E-Registere	d Agent signature required	when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Cont			00 May Be ed to Fees		
10.	OFFICERS AND	<del></del>	11.		ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTO	
I TITLE NAME	PD HERRERA, JOSE RODOLFO	☐ Delete	TITLE			Chang	B Addition
STREET ADDRESS	3008 NE 210 STREET			ET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33180		CITY	.ct.7ia			
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12. Thereby certify that the information supplied with this fitting 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.

SIGNATURE: POOLEO HOV VOVO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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(305)2263443

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