

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90193 021 ***150.00

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01072008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0901670 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANDEN, CRIS
450 EAST OLAS BLVD
SUITE 1500
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Service U.S.A., Inc
450 E. Las Olas Blvd.
Suite 1500
Ft. Lauderdale, FL 33301

L Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cris V Brandon, VP DATE 4/16/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME HUIZENG, JR H. WAYNE
STREET ADDRESS 450 E. OLAS BLVD., SUITE 1500
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE VT ☐ Delete
NAME BRANDEN, CRIS V
STREET ADDRESS 450 E. OLAS BLVD., SUITE 1500
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE S ☐ Delete
NAME HANDLEY, RICHARD L
STREET ADDRESS 450 E. OLAS BLVD., SUITE 1500
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Cris V Brandon Date 4/16/08 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR