## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMIENDED ANNUAL REPURI								· · · · · · · · · · · · · · · · · · ·				
1. Entity Name	e	# P98000058 IATES, INC.			08 SEP 22 PH 3: 22							
						TEST TO		00 32, 2		CTATE		
Principal Place of Business Mailing Address								URETA ALLAHA'	RY OF	SIAIE II ORINA		
Principal Place of Business Mailing Address 707 N. FRANKLIN STREET 13911 W. HILLSBOROUGH					:			IALLAHA'	55EE. 1	LOMBO	•	
SUITE 600		•	SUITE 310	SUITE 310								
TAMPA, FL 33602 TAMPA, FL 33635								(BIBI KEK) BEM BEM BEM		DI MERI BENER BEN	PE) () (PE)	
2. Principal Pl	lace of Busin	ess - No P.O. Box#	3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				09192008	Chg-P	CR2E03	34 (12/06)		
City & State			City & State				4. FEI Numbe 59-352			<u> </u>	plied For t Applicable	
Zip	Zip Country		Zip Coun		ntry				<b>\$8.75</b> Addi Fee Required			
	6. Name	and Address of Current F	<u> </u>				7. Name and Address of New Registered Agent					
MAZUD DODEDT						Name						
MAZUR, ROBERT 13911 W. HILLSBOROUGH AVE.					Street Address (P.O. Box Number is Not Acceptable)							
SUITE 310 TAMPA, FL 33635												
1700 7, 1 1	L 33035			City	y E				FL Zip Code			
8 The above	named entit	v eubmite this statement for	the number of changing its	ranietar	ed office or	rogister	ed agent or hot	h in the State of Flo		amiliar with:	and accept	
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												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
9. Election Campaign Financing \$5.00 May Be												
Am	ended Al	R is \$61.25	Trust Fund Cont	ribution.		Add	ed to Fees				l	
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	IN 11	
TITLE	V □ Delete				Ē	$\lambda^{\prime}$	لماميم	Dould F.		☐ Change	Addition	
NAME STREET ADDRESS	DUNN, DANIEL.  SS 13911 W. HILLSBOROUGH AVE. SUITE 310					130	gwaia,	David E	h Ave	Suite	,310	
CITY-ST-ZIP	TAMPA, FL 33635					Tax	noa, F	L33635	•			
TITLE	V Detete III					IV –	γ .			☐ Change	Addition	
NAME	DIAZ, CE				VE	Dig	iz, Val	erle	ah Av	از کی کرم	te310	
STREET ADDRESS CITY+ST+ZIP	TAMPA, I	HILLSBOROUGH AVE FL 33635	. SUITE 310		eet address Y-ST-ZIP	134 T	TIWIHI LYNDA I	erle illsborou FL 330	975	0.00		
TITLE	V Delete III											
NAME	SCHMIDT, DONALD J  13911W HILLSBOROUGH AVE., SUITE 310					ca	llan, s	tephen R Hillsborg	wah 1	Ave. Si	iste310	
STREET ADDRESS CITY-ST-ZIP	s 13911W, HILLSBOROUGH AVE., SUITE 310 si TAMPA, FL 33635					134	maa J	FL 336	23.5			
TITLE	V					1.30	•			Change	Addition	
NAME	BAXTER,	NA	vie Reet address		13 D	/0801031-	5 <b>4</b> 5	<b>48</b> **61,25	. !			
STREET ADDRESS CITY-ST-ZIP	s 13911W. HILLSBOROUGH AVE., SUITE 310						1101 COL	00 01051	-002	**01.60	,	
TITLE	V Delete III									☐ Change	Addition	
NAME	WALSH, KENNETH J										ļ	
STREET ADDRESS CITY+ST-ZIP												
TITLE	OPT:	5 .	☐ Delete	ŢſŢ	LE					☐ Change	Addition	
NAME	Mazur, Robert 13911 W. Hillsborough Ave. Suite				ME							
CITY+ST-ZIP	certify that th	e information supplified with	this filing does not qualify for	or the ex	Y-ST-ZIP xemptions c	ontaine	d in Chanter 119	9. Florida Statutes I	further cert	ify that the ir	nformation	
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 poor 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 truatee 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: Robert Mazur 9-19									(92	7)785	1273	
UIUITA	. J.XL	SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICER	OR DIRE	CTOR			Date		aylme Phone		

VS