2008 FOR PROFIT CORPORATION.

FILED Jan 24, 2008 08:00 AN Secretary of State

ANNUAL REPURI				Secretary of Sta			
DOCU 1. Enlity Nar ACCT, IN		35				Secreta	ary of Sta
Principal Place of Business 300 S PT DR STE 605 MIAMI BEACH, FL 33139		Mailing Address 300 S PT DR STE 605 MIAMI BEACH, FL 33139			18181 1831 1831 1841 18	II Pa ika biiki kaska ka	18 8 1181 824 851 84 850
DO NOT WRITE IN THIS SPACE			CE	01132008	No Chg-P	CR2E034 (
	6. Name and Address of Current Re			65-0868			Not Applicable 75 Additional Required
300 SOUT	IO, ARHANDO FH POINTE DRIVE # 605 ACH, FL 33139		7	0.28880 (165888)	NOT W 'HIS SP	essanti ili Asileh 🔻	
8. The above the obliga	e named entity submits this statement for the tions of registered agent Spirature, typed or printed name of registered agent and to		red office or register		n, in the State of Flo	orida. Tam famili	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 OFFICERS AND DIR	9. Election Campaign Fina Trust Fund Contribution.	~ _ +	.00 May Be led to Fees		···.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLOSIMO, ARMANDO 300 S PT DR, # 605 MIAMI BEACH, FL 33139	ECTORS				792984 80030-01	7 150.00
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12. Thereby 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 received 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

1/31/08

Daytime Phone #