2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

1. Entity Name	MENT # P98000088			5-02-2008 9015	3 036 ***150	0.00		
Principal Place	e of Business	Mailing Address	·	400	yguov			
2014 NW 6 S		4310 N.W. 22ND STREE	7					
	ALE, FL 33311	LAUDERHILL, FL 33313						
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2. Principal P	ace of Business - No P.O. Box #	3. Mailing Address	W 225t		idiii baik esiii esiii edili e			
Suite, Apt.	# 010 (BT	Suita Ant # atc.						
ouite, App.	#, GIO	Suite, Apt. #, etc	1111 +1	04222008	Chg-P CR	2E034 (12/06)		
Ceity & State	AINOIDALO	City & State	33313	4. FEI Number		Арі	olied For	
74.	MINION CIME	<u>T / </u>		65-086976	9		Applicable	
333	Country COURAGO	7 22 11	BYOW &C	5. Certificate of St	atus Desired 🔲	\$8.75 Addi Fee Required		
	6. Name and Address of Current R	Pegistered Agent	INDU"L	7. Name and Add	ress of New Registe			
			Name — (2-	6-1-	0-1-0	77 Jes		
LEWIS, BE	TTY R		10	SCTTY K	LALL	$O_{i}^{r_{\bullet}}$		
	22ND STREET		Street Address	(P.O. Box Number is I	Not Acceptable)	54	İ	
LAUDERH	ILL, FL 33313		7.	/ 	~			
	<i>:</i>		City .	1 1 1	1 10/	■■ Zin Code		
	(-/4	ixle(h) 11	. ,	FL 353	3/3	
8. The above	named or tity submits this statement for ions of constered again.	the purpose of changing its re	egistered office or regist	ered agent, or both, in	the State of Florida.	l am familiar with,	and accept	
the obligati	ions of eastered agent.	$\mathcal{T}_{\mathcal{A}}$						
SIGNATURE	1001791	XLU						
	Signetire, typed or printed name of regulered agent a	no effe if applicable.	Registered Agent signature requir	ed when reinstating)		ATE		
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campaig Trust Fund Contril	n Financing \$	5.00 May Be dded to Fees				
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHA	NGES TO OFFICERS	AND DIRECTORS	SIN 11	
TITLE	PSTD	☐ Delete	TITLE		J	☐ Change	Addition	
NAME	LEWIS, BETTY R		NAME	i	a / A			
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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 of 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 direction of the corporation or the ecceiver 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 at other like empowered.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4 /30 /08 9542970