2008 FOR PROFIT CORPORATION ANNUAL REPORT

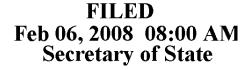
ANNUAL REPORT DOCUMENT # P99000013765

1. Entity Name POSES, P.A.

Principal Place of Business Mailing Ad-

2 SOUTH BISCAYNE BOULEVARD SUITE 2350 MIAMI, FL 33131 O COUTH DISCAVAIR DOLL

2 SOUTH BISCAYNE BOULEVARD SUITE 2350 MIAMI, FL 33131





DO NOT WRITE IN THIS SPACE

01302008 No Chg-P CR2E034 (11/05)

A EEL Number Applied For

4.	PET Number			, 100,00
	65-0900332			Not Applicable
5.	Certificate of Status Desired	\$8.7 Fee F	-	Additional pired

6. Name and Address of Current Registered Agent

CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 33607-5736

the obligations of registered agent.

SIGNATURE:

SIGNATURE AND TYPED O

DO NOT WRITE IN THIS SPACE

2/1/08

305-577-0200

SIGNATURE Signature, howd or printed name of registered agent and title of applicable (NOTE Registered Agent signature required when reinstating), DATE									
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Find Trust Fund Contribution			cing	\$5.00 May Be Added to Fees			•		
10.	OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POSES, MARK 2 SOUTH BISCAYNE BOULEVARD S' MIAMI, FL 33131	TE 2350							
TITLE NAME STREET ADDRESS CITY ST-ZIP	D POSES, TODD 2 SOUTH BISCAYNE BOULEVARD STE 2350 MIAMI, FL 33131					000000818190 02/15/08-80034-012 150.00			
TITLE NAME STREET ADDRESS CHY-ST-ZIP					NOT V				
NAME STREET ADDRESS CITY-ST-ZIP				in '	THIS S	SPACE			
THILE NAME STREET ADDRESS CITY-ST-ZIP				•					
TITLE NAME STREET ADDRESS:									
12. I hereby indicated of the co changed	certify that the information supplied with this f d on this report or emplemental report is true reporation or the receiver or if stee empowered, or on an attachment with to address, with all	ling does not qualify for the exi and accurate and that my signa d to execute this report as requi I other like empowered.	emptions co ture shall ha red by Chap	ntained in Chapter 11 ve the same legal effe oter 607, Florida Statut	9, Florida Statute ct as if made und es; and that my n	s. I further certify that the ler oath; that I am an office ame appears in Block 10	e information per or director or Block 11 if		

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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