FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_\_

ANNUAL REPURT (AK)							
DOCUMENT # ρ9900036759						ELED	
DNITHE ACCOUNTING SENGE			eæs,	4		08 SEP -8 AM 8: 48	
THC.					BEUNETARY OF STATE		
DO NOT WRITE IN THIS SPACE					TALLAHASSEE. FLORIDA		
BO NOT WHITE IN THIS STACE							
2. Principal Place of Business SAME  8030 N. NOSHTURE SAME							
Suite, Apt. #, etc. Suite, Apt. #, etc.						CR2E034B (8/05)	
	THE 20GO City & State City & State					4. FEI Number Applied For	
	TAMANAC FL					65-0912874 Not Applicable	
Zip 33321 Country USA		Zip 	p Country			5. Certificate of Status Desired S8.75 Additional Fee Required	
*****				Name		7. Name and Address of Current Registered Agent	
DO NOT WOLTE						JCA STUARY	
l l				Street Ac	Address (F.O. Box Number is Not Assessable) HILL RD		
IN THIS SPACE				#206			
			t	City	127	MANAC FL Zip Code 3 3 2 1	
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 constant 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							
January 1 - May 1 Fee is \$150.00							
After May 1, Fee is \$550.00 Amended AR is \$61.25						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
Make Check 10.	Payable to Florida Department of S  OFFICERS AND D		_				
TITLE	P		TITL	E			
NAME	ENTER STUGA	HELLRD	NAM			400135964044	
STREET ADDRESS CITY-ST-ZIP	#ade trans			EET ADDRESS '-ST-ZIP		400135964044 03/16/0801013023 **150.00	
TITLE	(1111	33321	TITL	E			
NAME		1000	NAM	- 1		400135964044 09/16/0801013024 **400.00	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP		09/16/0801013024 **400.00	
TITLE			TITL	E			
NAME STREET ADDRESS			NAM	eet aodress	_	-,	
CITY-ST-ZIP				-ST-ZIP	_	DO NOT WRITE	
TITLE		T	TITL	E	·····	IN THIS SPACE	
NAME CIRCET ADORECE			NAM			IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP			
TITLE			TITL	E	<del></del>		
NAME STREET ADDRESS			NAM	- 1			
CITY-ST-ZIP				EET ADORESS -ST-ZIP			
TITLE			TITL	E			
NAME			NAM				
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP			
12. I hereby c	ertify that the information supplied with t	his filing does not qualify for	the exe	mption state	ed in Sec	ction 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.							

53108 (954)643-7152