## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2008 8:00 am Secretary of State

Principal Place of Business  1600 SAWGRASS CORP PKWY FORT LAUDERDALE, FL 33323  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apt, #, etc.  Suite, Apt, #, etc.  Suite, Apt, #, etc.  City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  To Replication  For Required  7. Name and Address of New Registered Agent  Name  HELFMAN, STEVEN M 1600 SAWGRASS CORP PKWY SUITE  SUITE Agent  City Country  City City FL  City FL  City FL  City FL  City City FL			
FORT LAUDERDALE, FL 33323  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apt, #, etc.  Suite, Apt, #, etc.  City & State  City & State  City & State  Country  Country  Country  5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  HELFMAN, STEVEN M 1600 SAWGRASS CORP PKWY SUITE 230  Street Address (P.O. Box Number is Not Acceptable)  City  City  Street Address (P.O. Box Number is Not Acceptable)  City  Street Address of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suite, Apt. #, etc.  O4142008 Chg-P CR2E034 (12/06)  Applied For Not Applicable  Street Address of Status Desired Status Desired See Required  Street Address of Status Desired Status Desired See Required  Fee Required  Street Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Sunrise, FL 33323  City FL Zip Code  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. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE			
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City & State  Country  Country  S. Certificate of Status Desired  \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent  Name  HELFMAN, STEVEN M  1600 SAWGRASS CORP PKWY SUITE CORP PKWY SUITE City  City  FL  Zip Code  8. The above named entity submits this statement or 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			
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the obligations of registered agent.  SIGNATURE  Y/29/0*			
SIGNATURE 4/29/OF			
SIGNATURE Signature, typed or printed name of registered agent and title d applicable. (NOTE: Registered Agent signature required when reinstating)  DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.   Added to Fees			
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE DPTS Delete TITLE Delete TITLE			
NAME CORBAN, PAUL  STREET ADDRESS 1600 SAWGRASS CORP, PKWY STE 300  STREET ADDRESS 4800 SAWGRASS CORP, PKWY STE 300			
CITY STATE FORT LAUDERDALE EL 22222			
ITILE Delete TITLE Surrise, FL 33323			
NAME NAME			
STREET ADDRESS  STREET ADDRESS			
CITY-ST-ZIP CITY-ST-ZIP			
TITLE Delete TITLE Change Addition			
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TITLE Delete TITLE Change Addition			
NAME NAME			
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CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  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			

12. I hereby certify that the information supplied with this filling 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 receiver 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.

SIGNATURE: Par Consor	7/20/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	- 1730 - 1730