2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P99000091079 STEPHANIE R. CARTER, PH.D., P.A.



FILED Jan 26, 2007 8:00 am Secretary of State

01-26-2007 90030 011 ***150.00

Principal Plac	e of Business	3	Mailing Address									
806 DOUGLAS RD			806 DOUGLAS RD									
808 DOUGLAS RD 560			560									
CORAL GABLES, FL 33134			CORAL GABLES, FL 33134				. (86) 8 (86) 1 66) 6 3 1) 1 8 1	AN OTHE ITEM				
6 D-11IB	Name of Dunda	No BO Bout	3 Mailing Address									
		d Avenue	3. Mailing Address							IILLI II ILLI		
1325 Suite, Apt.		- mvenue	7325 SW 63rd Avenue									
Suit Apr.			Suite, Apt. #, etc.			01182007	Chg-P	CR2E	034 (12/06)			
		_	City & State			4. FEI Numb			I Ar	plied For		
South Miami, FL			South Miami, FL		65-095			<u> </u>	t Applicable			
Zip Country		Zip Country			<u> </u>		\$8.75 Add					
33143		USA	33143	USA		5. Certificate	of Status Desired		Fee Require			
6. Name and Address of Current						7. Name and Address of New Registered Agent						
				Name								
CARTER,	FRANCIS	L		<u> </u>								
1 SE 3RD	AVE.			Street Address			er is Not Acceptabl	le)				
28TH FLO						···-						
MIAMI, FL	33131											
		. 4		City				Fl	Zip Cod	e		
8. The above	named entit		r the purpose of changing its	registered office	or register	ed agent, or bo	th, in the State of FI	lorida. I am	familiar with,	and accept		
	tions of regist		, , , , , , , , , , , , , , , , , ,		J	3				·		
		•										
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent sign	ature required	when reinstating)		DATE				
<u>'</u>			1									
		FEE IS \$150.00	9. Election Campa	ign Financing	\$5.	.00 May Be				i		
		7 Fee will be \$550.0	n Trust Fund Cont	tribution.		ed to Fees				i		
									0.00000000			
10.		OFFICERS AND	DIRECTORS	11.	10	ADDITIONS	CHANGES TO OF	FICERS AN				
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TITLE NAME STREET ADDRESS	D CARTER, 2000 S. B	OFFICERS AND STEPHANIE R AYSHORE DR.	DIRECTORS	11. TITLE NAME STREET ADDRESS	340	ADDITIONS. Ident er, Step b Sw 1	hanie R. 7 Que. #19					
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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 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.

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Stephanie 12. Carter

Signature and typed or printed name of signing officer or director

1.23.07

305.544.1143