


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # S90745**  
 1. Entity Name  
 4325 SOUTH FLORIDA CORPORATION



Principal Place of Business 1601 BELVEDERE RD. STE. 407 SOUTH WEST PALM BEACH, FL 33406 US	Mailing Address 1601 BELVEDERE ROAD STE. 407 SOUTH WEST PALM BEACH, FL 33406 US
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04162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0295913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MAPES, PAUL  
 1601 BELVEDERE ROAD, STE 407  
 WEST PALM BEACH, FL 33406

**DO NOT WRITE IN THIS SPACE**

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 registered agent.

SIGNATURE \_\_\_\_\_ (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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD METZ, JOHN C 8008 SOUTH FLAGLER COURT W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ASARCH, GAIL 1601 BELVEDERE RD 407S W. PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAPES, PAUL 1601 BELVEDERE RD, STE 407 S WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, SYDELLE 1601 DELVEDERE RD, STE 407 S WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000940640  
 05/28/08-80075-013, 150.00

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:** Paul Mapes **4/16/08** **561-689-6601**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #