FILED Mar 26, 2008 08:00 AN Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

	1. Entity Nar C. & Z. E	ne		5 m 370.	7			
Principal Piece of Business 7226 N.W. 56TH STREET MAMI, FL 33166 DO NOT WRITE IN THIS SPACE 03242008	C. & Z. E				1			
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A. FELNumber 65-0295146 Not Apple 65-029514								
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 actins obligations of registered agent. SIGNATURE Signave insed or printed name of registered agent and life if accidable (NOTE-Registered Agent specially required with remailing) PT OLIVARES, ROSALBA 9042 NW 171 LANE MIAMI, FL 33018 Bignave insed or printed name of registered agent, or both, in the State of Florida. I am familiar with, and actins obligations of registered agent, or both, in the State of Florida. I am familiar with, and actins obligations of registered agent. SIGNATURE Signave insed or printed name of registered agent and life if accidable (NOTE-Registered Agent septiative required with remailing) DATE FILE NOW:!! "FEE IS \$150.00					03242008	No Chg-P	CR2E034 (11/05)
6. Name and Address of Current Registered Agent OLIVARES, ROSALBA 9042 NW 171 LANE MIAMI, FL 33018 B. 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 active obligations of registered agent. SIGNATURE Signature injuried or printed name of registered agent and title diapolable (NOTE Registered Agent suprisor required when remailing) PILE NOW!!! "FEE IS \$150.00		O NOT WRITE	IN THIS SPA	CE	4. FEI Number			Applied For
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FILE NOW!!! FEE IS \$150.00	• .	ions of registerou agent.						
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10. — OFFICERS AND DIRECTORS	,							
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12. Thereby 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 each, that I am an officer or director of the corporation or the receiver of tristee 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:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-24-08

30 889-1866

Daytime Phone