2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2007 08:00 AM Secretary of State

	A	NNUAL	KEPUKI		_		23, 200	
1. Entity Nan	IMENT # S9 ne INVESTMENTS					S	ecreta	ry of Sta
Principal Place of Business 5745 SW 75TH STREET PMB 324 GAINESVILLE, FL 32608 US		Mailing Address 5745 SW 75TH STREET PMB 324 GAINESVILLE, FL 32608 US			15/43 (8/11 51/54 115/5 115/5	1 BIEL BIEL OISK GIEL	I BIBN BIBIIBYN II 1081	
					01252007	No Chg-P	CR2E034 (1	
	TON OC	WRITE	IN THIS SPA	CE	4. FEI Number 65-0308			Applied For Not Applicable
					5. Certificate of	of Status Desired		75 Additional Required
ROSENBAUM, DAVID 1001 BRICKELL BAY DRIVE STE 1400 MIAMI, FL 33131 8. The above named entity submits this statement for the purpose of changing its register.				ed office or register	INT	NOT W	ACE	ar with, and accept
SIGNATURE.	Signature, typed or printed na LE NOW!!! FEE IS lay 1, 2007 Fee v	ume of registered agent and (9. Election Campaign Finan	· _ +	.00 May Be ed to Fees		DATE	
10.	·	OFFICERS AND DIF	RECTORS	10, 100	<u>च्याक्ष्याम्</u> यु	As J. Car.	r A . 1 4 10 11.	
THTLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	P GOLD, JANICE 5745 SW 75TH ST GAINESVILLE, FL							A SHEET
NAME STREET ADDRESS CITY-ST-ZIP				1 V 2 / 2		100000 03/05/07)64537414 -80004-01	8 150.00
NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					INT	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,					
7)71 C				11 至 中华美国安全部。		80	at a transfer	1000

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 affect 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.

NAME STREET ADDRESS CITY-ST-ZIP

RURE AND TYPED ON PRINTED MANE OF SIGNING DEFICER ON DIRECTOR

(2/22/on (352) 278-53