2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State

1. Entity Nam	e	# V51479 C.P.A.'S, P.A.		•			と	04-25-2008 901 44 029 ***1 50.00		
Principal Place of Business Mailing Address										
7000 W. PALMETTO PARK				7000 W. PALMETTO PARK				·		
#502 #502 BOCA RATON, FL 33433 US BOCA RATON, FL 33433					133 U	S		I ARRIN BUTERI BITAR INTA BITAR INTA BITAR.	ĺ	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04222008 Chg-P CR2E034 (12/06)		
City & State				City & State				4. FEI Number Applied Fo 65-0344042 Not Applie		
Zip 	Country			Zip	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent		
						Name	lame jerson, Prpela			
LENSON, PREELA 4500 NW 75TH TERR						Street Address (P.O. Box Namber is Net Acceptable)				
POMPANO BEACH, FL 33067						 15	Ι-	7a 43 57. N		
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The above named entity submits this statement for the purpose of changing its registered office.						ed office or regi	ر ister	101111 0 (1011 1-1)	ept	
the obligations of agistered agent:										
SIGNATURE Sprature, typed or ormiced named of registered agent and title if applicable. (NOTE: Registered Age.								0.		
	Signature, typed	or printed hains of registered agen	and tille	t applicable. (NU	IIE: Registere	d Agent signature req	Inked	ed 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									İ	
10.	OFFICERS AND DIRECTORS 11							ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	PD Delete KING, TERRY LYNN					E IË		☐ Change ☐ Ado	lition	
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CITY-ST-ZIP	PARKLAND, FL					-\$T-ZIP				
TITLE	V Delete TITL							☐ Change ☐ Ado	dition	
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NAME OTDGET ADDRESS					NAM	ļ				
STREET ADDRESS CITY-ST-ZIP					4	ET ADDRESS '- ST-ZIP				
12. I hereby o	ı certify that the	e information supplied wit	h this f	ling does not qualify	for the ex	emptions contai	inec	ed in Chapter 119, Florida Statutes. I further certify that the information	on .	
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.										

FED NAME OF SIGNING OFFICER OR DIRECTOR