2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01. 2008 08:00 Al te

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1. Entity Nam	MENT # V63652		Šecrétary of Sta				
AWILKIOA	HEAT-FIFES, INCORPOR						
Principal Plac 4340 NE 49	TH AVE	Mailing Address 4340 NE 49TH AVE					
GAINESVILLE	F, FL 32609 US	GAINESVILLE, FL 32609 L	I\$	<u> </u>	DARO HAR BARA HAR	i Bibir Gran Arbu diki	T BABAR ARBAYANI AT INGK
	A CONTRACTOR OF THE PARTY OF TH						
	O NOT WRITE	IN THIS SPA	CF	04282008	No Chg-P	CR2E034 (
z Approx				4. FEI Numbe 59-317			Applied For Not Applicable
			4	5. Certificate	of Status Desired		75 Additional Required
DINUL WILL	6. Name and Address of Current R	egistered Agent				p. defen	
7819 NW 2					NOT W	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
OAMOVIE	EE, 1 E 32333	•		INI	HIS SF	ACE.	
8. The above	named entity submits this statement for	the purpose of changing its register	red office or registe	red agent, or bot	h, in the State of Flo	orida. I am famil	iar with, and accept
the obligat	tions of registered agent.						
SIGNATURE.	Signature, typed or printed name of registered egent ar	od title if applicable. (NOTE. Register	ed Agent signatura require	d when reinstating)		DATE	<u></u>
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND D	DIRECTORS		and the same of the same	Luciondo	t	The State of the S
TITLE NAME	PDST DINH, KHANH				. 05/28/08	80123-00	\$4158.75
STREET ADDRESS CITY-ST-ZIP	7819 NW 22 LANE GAINESVILLE, FL 32605						
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TITLE NAME							
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TITLE					e de la companya de l		
NAME STREET ADDRESS							

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR