

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001773

**FILED**  
**Mar 12, 2007**  
**Secretary of State**

**Entity Name:** INVALORES EN COMPANIA, S.A.

**Current Principal Place of Business:**

920 CAPTIVA DR.  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

920 CAPTIVA DR.  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**FEI Number:** 98-0345184      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORAITIS, GEORGE R  
915 MIDDLE RIVER DR., STE 506  
FORT LAUDERDALE, FL 33304      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOLGUIN DE PALOU, FLORENCIA  
Address: 2900 N PALM AIRE DR.- APT. 208  
City-St-Zip: POMPANO BEACH, FL 33069

Title: S ( ) Delete  
Name: HOLGUIN, MARIA V  
Address: 920 CAPTIVA DR.  
City-St-Zip: HOLLYWOOD, FL 33019

Title: TD ( ) Delete  
Name: MOGGIO, CATHERINE  
Address: 920 CAPTIVA DR.  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENCIA HOLGUIN DE PALOU

PD

03/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date