


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 14, 2008 08:00 A
Secretary of State**

| | |
|---|---|
| DOCUMENT # F99761 1. Entity Name TASK INVESTMENTS CORPORATION |  |
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| Principal Place of Business % ALBERNI & ALBERNI, P.A. 4649 PONCE DE LEON BLVD., SUITE 404 CORAL GABLES, FL 33146 | Mailing Address % ALBERNI & ALBERNI, P.A. 4649 PONCE DE LEON BLVD., SUITE 404 CORAL GABLES, FL 33146 |
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DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

| | |
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| 4. FEI Number 59-2220448 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**ALBERNI, PEDRO L., CPA
4649 PONCE DE LEON BLVD. #404
CORAL GABLES, FL 33146**

**DO NOT WRITE
IN THIS SPACE**

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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000893780
04/21/08-80001-021 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CARRILLO, JULIO M 550 OCEAN DR., 9H KEY BISCAIYNE, FL 33149 |
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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 supplement to 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:  **4-11-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #