2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000002608

1. Entity Name
BANAL INVESTMENTS CORP.

Principal Place of Business	Mailing Address
801 BRICKELL AVENUE 16TH FLOOR MIAMI, FL 33131-2851	801 BRICKELL AVENUE 16TH FLOOR MIAMI, FL 33131-2851

DO NOT WRITE IN THIS SPACE

02122007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0723613	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____
Signature typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

7001030167 27
05/22/07--01025--008 **$1700.00
DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE	D	
NAME	DE OTADUY, JAVIER	
STREET ADDRESS	MONTE CARLO STAR, 1580 PRINCE LOUIS II	
CITY-ST-ZIP	MONTE-CARLO, MONACO. 98000	
TITLE		
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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   Date   Daytime Phone #