2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 02, 2007 8:00 am Secretary of State DOCUMENT # P99000062768 03-02-2007 90006 001 ***150.00 PROSPEROUS INVESTMENTS, INC. Mailing Address Principal Place of Business 1960-7 N. COMMERCE PKWY 15834 WEST STATE RD. 84 WESTON, FL 33326 SUNRISE, FL 33326 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Pkwy 1960-7 N. Commerce Suite, Apt. #, etc. 02262007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number FL Mester 65-0934508 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired U.S 🕰 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent de l'Aura SHOMAR, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 7777 NW 146TH ST. N. Connerce MIAMI LAKES, FL 33016 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE □ Delete TITLE BOTELLO DE PAEZ, AURA MARIA T NAME NAME 1960 N. Commerce 15834 W STATE RD 84 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33326 CITY-ST-ZIP **VPTD** ☐ Delete TITLE TITLE PAEZ, CRISTOBAL NAME Pkwy Suite 7 STREET ADDRESS STREET ADDRESS 15834 W STATE RD 84 CITY-ST-ZIP CITY-ST-ZIP SUNRISE, FL 33326 TITLE TITLE ☐ Delete PAEZ, CRISTOBAL NAME NAME Pkwy Suite 7 STREET ADDRESS STREET ADDRESS 15834 W STATE RD 84 CITY-ST-ZIP SUNRISE, FL 33326 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

FILED