


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90143 026 ***150.00

DOCUMENT # P95000006606 1. Entity Name ARUBA/PEMBROKE INVESTMENTS, N.V., INC.			
Principal Place of Business 806 DOUGLAS RD STE 580 MIAMI, FL 33134		Mailing Address 806 DOUGLAS RD STE 580 MIAMI, FL 33134	
2. Principal Place of Business - No P.O. Box # 806 Douglas Road Suite, Apt. #, etc. Suite 580 City & State Coral Gables, FL		3. Mailing Address 806 Douglas Road Suite, Apt. #, etc. Suite 580 City & State Coral Gables, FL	
Zip 33134	Country US	Zip 33134	Country US
6. Name and Address of Current Registered Agent REGISTERED AGENT CORP. SVCS INC. 806 DOUGLAS RD STE 580 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS SOWERS, ALBERTO A 9240 SUNSET DRIVE #204 MIAMI, FL 33173	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTAS VALDES-FAULI, RAUL J 200 S. BISCAYNE BLVD., SUITE 4100 MIAMI, FL 33134	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Alberto A. Sowers</u>		02/27/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
305-279-0970		<small>Daytime Phone #</small>	

40046001



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4. FEI Number 65-0551152 Applied For Not Applicable

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