2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P07000004203 01-25-2008 90030 045 ***150.00 19TH AVE INVESTMENT GROUP INC Principal Place of Business Mailing Address 13771 N.W. 19 AVENUE 13771 N.W. 19 AVENUE **40010290** OPA LOCKA, FL 33054 OPA LOCKA, FL 33054 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 20 -8241433 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEREZ, MIGUEL A Street Address (P.O. Box Number is Not Acceptable) 13771 N.W. 19 AVENUE OPA LOCKA, FL 33054 City Zip Code 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. Lam 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 reinstativit) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May \$ 2008 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition ☐ Delete TITLE PEREZ, MIGUEL A NAME 13771 N.W. 19 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORÁŠLOCKA, FL. 33054 CITY-ST-ZIP Delete ☐ Change Addition PEREZ, MIGUEL A NAME NAME STREET ADDRESS 13771 N.W. 19 AVENUE STREET ADDRESS CITY-ST-ZIP OPA LOCKA, FL 33054 City-SI-ZP Delete DILE TETLE □ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAM* STREET ADDRESS STREET ADDRESS QITY-S1-7I2 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change . NAME STREET ADDRESS STREET ADDITIONS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP 12. Thereby 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 supplied fental pepor 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 empty selection exerting that this report as gouised by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attach/yent with an accuracy with all principline empowered. accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director security this report as a quired by Chapter 607, Elorida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Jan 25, 2008 8:00 am