


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90026 039 \*\*\*150.00

<b>DOCUMENT # P95000006606</b> 1. Entity Name ARUBA/PEMBROKE INVESTMENTS, N.V., INC.			
Principal Place of Business <del>806 DOUGLAS RD</del> <del>STE 580</del> CORAL GABLES, FL 33134		Mailing Address <del>806 DOUGLAS RD</del> <del>STE 580</del> CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box # <b>355 Alhambra Circle,</b> <b>Suite 801</b> <b>Coral Gables, Florida</b> <b>33134</b> <b>US</b>		3. Mailing Address <b>355 Alhambra Circle,</b> <b>Suite 801</b> <b>Coral Gables, Florida</b> <b>33134</b> <b>US</b>	
6. Name and Address of Current Registered Agent REGISTERED AGENT CORP. SVCS INC. <del>806 DOUGLAS RD</del> <del>STE 580</del> CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent <b>Name</b> REGISTERED AGENT CORPORATE SERVICES INC. <b>Street Address</b> 355 Alhambra Circle, Suite 801 <b>City</b> Coral Gables, <b>FL</b> <b>33134</b>	
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>		DATE <b>3/11/08</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTAS VALDES-FAULI, RAUL J <del>206 DOUGLAS ROAD, SUITE 580</del> CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	355 Alhambra Circle, Suite 801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.			
<b>SIGNATURE:</b> <u>Alberto A. Sowers President</u>		03/31/2008      305-279-0970	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date      Daytime Phone #</small>	