2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 14, 2008 8:00 am

305-279-0970 Daytime Phone #

ANNOAL KEI OKI						_	Secreta	arv oi	- 21	ате	
DOCUMENT # P95000006606 1. Entity Name ARUBA/PEMBROKE INVESTMENTS, N.V., INC.						4		3 90026 039			
Principal Plac	e of Business	ailing Address		1 "							
-806 DOUGL	VS-R D	-8	306 DOUGLAS RD								
STE 580 - STE 5											
CORAL GABLES, FL 33134 CORAL GABLES, FL 33134											
Principal Place of Business - No P.O. Box # Mailing Address					,			# 1710 JENE 1111 F			
355 Alhambra Circle, 355 Alhambra Circle				rcie,	-						
Suite 801			Suite 801			01222008 4. FEI Numbe	Chg-P	CR2E034 (plied For	
Coral Gables, Florida			Coral Gables, Florida 33134 US			65-055			No	t Applicable	
33134	US				• 	<u> </u>	of Status Desired	_ Fee	75 Add Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										f	
REGISTERED AGENT CORP. SVCS INC. Name REGISTERED AGENT CORPORATE SERVICES INC.									NC		
*800 DOUGLAS RD											
CTE 580			Street Address 355 Alhambra Circle, Suite 801								
CORAL GABLES, FL 33134					IIGIIII	Dia Circle,	Saite 60 i				
				City	al Gal	bles.		FL		33134	
8. The above	named entity submits this statemen	t for the p	ourpose of changing its reg				h, in the State of Flo		liar with,	and accept	
the obligations of registered agent.											
SIGNATURE							3	3/11/08		į	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title	if applicable. (NOTE: Rec	gistered Agent signatur	e required	d when reinstating)		DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	OFFICERS A	ND DIRE	CTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIF	ECTOR	3 IN 11	
TITLE	PS	•	☐ Delete	TITLE					Change	Addition	
NAME	SOWERS, ALBERTO A			NAME							
STREET ADDRESS CITY-ST-ZIP	9240 SUNSET DRIVE #204			STREET ADORESS					,		
	MIAMI, FL 33173	-		CITY-ST-ZIP					-		
TITLE NAME	DTAS VALDES-FAULI, RAUL J		☐ Delete	TITLE NAME				U	Æhange	☐ Addition	
STREET ADDRESS	-206 DOUGLAS ROAD, SUITE	590.		STREET ADDRESS	355	Alhambra Ci	rcle, Suite 801				
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP							
TITLE			☐ Delete	TITLE					Change	Addition	
NAME				NAME					•	_	
STREET ADDRESS				STREET ADDRESS							
CITY-\$T-ZIP				CITY-ST-ZIP							
TITLE			☐ Delete	TITLE					Change	☐ Addition	
NAME Street address				NAME STREET ADDRESS							
CITY-ST-ZIP				CITY+ST-ZIP							
TITLE			☐ Delete	TITLE				П	Change	☐ Addition	
NAME			_ outdo	NAME				_			
STREET ADDRESS				STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP							
TITLE			☐ Delete	TITLE					Change	☐ Addition	
NAME STREET ADDRESS				NAME STREET ADORESS							
CITY-ST-ZIP	/ ,			CITY-ST-ZIP						}	
12. I bereby	certify that the information supplied v	with this f	filing does not qualify for the	e exemptions co	ntainer	d in Chapter 119	, Florida Statutes	I further certify the	hat the in	nformation	
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 sighature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiveror trustee empowered to execute this report as if pluired 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: Aberta A. Sowers President 03/31/2008 305-279-0970											