

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000027475

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: HOUSEMAN INVERSIONES CORP

## Current Principal Place of Business:

999 BRICKELL AV  
SUITE 1002  
MIAMI, FL 33131

## New Principal Place of Business:

999 BRICKELL AV  
SUITE 500  
MIAMI, FL 33131

## Current Mailing Address:

999 BRICKELL AV  
SUITE 1002  
MIAMI, FL 33131

## New Mailing Address:

999 BRICKELL AV  
SUITE 500  
MIAMI, FL 33131

FEI Number: 20-4381626

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VITALE, TONY J  
999 BRICKELL AV  
SUITE 1002  
MIAMI, FL 33131 US

## Name and Address of New Registered Agent:

VITALE, TONY J  
999 BRICKELL AV  
SUITE 500  
MIAMI, FL 33131 US

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.

SIGNATURE: TONY VITALE

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MANGIONE, NICOLO  
Address: 999 BRICKELL AV , SUITE 1002  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: DE MANGIONE, CARMEN C  
Address: 999 BRICKELL AV, SUITE 1002  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: MANGIONE, ANTONIO  
Address: 999 BRICKELL AV  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MANGIONE, NICOLO  
Address: 999 BRICKELL AV , SUITE 500  
City-St-Zip: MIAMI, FL 33131

Title: D (X) Change ( ) Addition  
Name: DE MANGIONE, CARMEN C  
Address: 999 BRICKELL AV, SUITE 500  
City-St-Zip: MIAMI, FL 33131

Title: D (X) Change ( ) Addition  
Name: MANGIONE, ANTONIO  
Address: 999 BRICKELL AV SUITE 500  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLO MANGIONE

D

04/22/2008

Electronic Signature of Signing Officer or Director

Date