

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003809

Entity Name: MIDAS INVESTMENTS, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

2711075 SHOTGUN ROAD
SUNRISE, FL 33326

New Principal Place of Business:

1075 SHOTGUN ROAD
SUNRISE, FL 33326

Current Mailing Address:

1075 SHOTGUN ROAD
SUNRISE, FL 33326

New Mailing Address:

FEI Number: 20-0426111 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TOVAR, ILEANA ARIAS ESQ
1725 MAIN ST., STE. 205
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PEREZ JIMENEZ, EDGAR
Address: 2457 POINCIANA DR.
City-St-Zip: WESTON, FL 33327

Title: MGR () Delete
Name: OROPEZA DE PEREZ, CAROLINA
Address: 2457 POINCIANA DR.
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PEREZ JIMENEZ, EDGAR
Address: 3440 STALLION LN
City-St-Zip: WESTON, FL 33331

Title: MGR (X) Change () Addition
Name: OROPEZA DE PEREZ, CAROLINA
Address: 3440 STALLION LN
City-St-Zip: WESTON, FL 33331

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EDGAR PEREZ JIMENEZ

MGR

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date