

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 495341

FILED
Feb 03, 2009
Secretary of State

Entity Name: MIKE INVESTMENT CORP.

Current Principal Place of Business:

6423 COLLINS AVENUE
SUITE 806
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

6423 COLLINS AVENUE
SUITE 806
MIAMI BEACH, FL 33141 US

New Mailing Address:

FEI Number: 59-1759255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNS, LOUIS G CPA
9485 SUNSET DRIVE
A195
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

JOHNS, LOUIS G CPA
12001 SW 128 COURT,
206
MIAMI, FL 33186 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: LOUIS G JOHNS

02/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BELLOSO, BLANCA
Address: C/O 6423 COLLINS AVE. APT. 806
City-St-Zip: MIAMI BEACH, FL 33141

Title: VPS () Delete
Name: MUCHACO, MANUEL A.
Address: C/O 6423 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL

Title: ST () Delete
Name: MUCHAHO, ALEXANDRA
Address: C/O 6423 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL

Title: VPS () Delete
Name: MUCHACHO, MIGUEL B.
Address: 6423 COLLINS AVE. APT - 806
City-St-Zip: MIAMI BEACH, FL

Title: ST () Delete
Name: MUCHACHO, TATIANA B.
Address: 6423 COLLINS AVE. APT - 806
City-St-Zip: MIAMI BEACH, FL

Title: PD () Delete
Name: BELLOSO, BLANCA M
Address: 6423 COLLINS AVE. APT-806
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BLANCA BELLOSO

PD

02/03/2009

Electronic Signature of Signing Officer or Director

Date