2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 06, 2008
Secretary of State

DOCUMENT# 565610

Entity Name: INVESTACORP INC.

Current Principal Place of Business:

15450 NEW BARN ROAD
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

15450 NEW BARN ROAD
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 59-1790176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARRELL, PATRICK
15450 NEW BARN RD
MIAMI LAKES, FL 33014 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FARRELL, PATRICK
Address: 5076 WATERS EDGE WAY
City-St-Zip: COOPER CITY, FL 33330

Title: EVP ( ) Delete
Name: PECCI, PETER
Address: 16415 SAPPHIRE PLACE
City-St-Zip: WESTON, FL 33331

Title: EVPT ( ) Delete
Name: MANTECON, ASELA
Address: 8832 NW 150TH ST
City-St-Zip: MIAMI LAKES, FL 33018

Title: SVPS ( ) Delete
Name: NESTEL, RANDY K.
Address: 8502 NW 16TH ST.
City-St-Zip: MIAMI, FL

Title: EVP ( ) Delete
Name: SHERWOOD, SCOTT
Address: 11706 MALAEUCA WAY
City-St-Zip: COOPER CITY, FL 33330

Title: SVP ( ) Delete
Name: VERGA, JOSEPH
Address: 5761 NW 191 TERR
City-St-Zip: MIAMI, FL

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: TR (X) Change ( ) Addition
Name: SANCHEZ, PABLO TRESURE
Address: 9100 CORAL WAY SUITE 8
City-St-Zip: MIAMI, FL 33165

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: PATRICK FARRELL PD 08/06/2008

Electronic Signature of Signing Officer or Director — Date