## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## **FILED** Mar 12, 2007 08:00 AM **DOCUMENT # 662201 Secretary of State** 1. Entity Namo L.G.L. INVESTMENT CORP. Principal Place of Business Mailing Address P.O. BOX 145035 P.O. BOX 145035 CORAL GABLES FL 33114-5035 CORAL GABLES FL 33114-5035 Trees 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/06) 1st MOORE Applied For 4. FEI Number City & State City & State 59-1995461 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo STEA, MARIA A. Stroot Address (P.O. Box Number is Not Acceptable) 8600 SW 86 AVE MIAM FL 33743 Zip Codo City 8. 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE U00000662701 THLE Defete TASSI, MARIA A NAMI' NAME 03/21/07-80024-001 150.00 8600 SW 86 AVE STREET ADDRESS STRIET ADDRESS MIAMI FL 33143 CITY-S1-ZIP CITY-ST-ZIP ☐ Change ■ Addition IIII TITLE ☐ Octete STEA, EMILIA ALONSO DE NAME NAME 308 ALEDO AVE STREET ADDRESS STREET ADDRESS CORAL GABLES FL CHY-SI-ZIP CITY-SI-7IP ☐ Change Addition LI Delete TITLE illit STEA, GIOVANNI NAME NAME 10857 SW 75 TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CITY-SI-7iP City-St-ZiP Change Addition Delete ШЕ DIRE LEONARDO VITO, STEA NAME NAME 308 A 1000 AVENUE STREET ADDRESS STREET ADDRESS CORAL GABLES FL CHY-ST-ZIP CHY-SI-ZIP Change Addition Delete TITLE HILLE NAME STRUET ADDRESS STREET ANDRESS CITY - ST-ZIP CHY-ST-7(P ☐ Change Addition THE Defete HIII. NAME NAME STREET ADDRESS STREET ADDRESS

12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this roport or supplemental roport is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this roport as required 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.

CHY-ST-7IP

SIGNATURE:

CITY ST-7IP

LEONARDO VITO