2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 841098

City-St-Zip:

BONAIRE, NA

FILED May 08, 2007 Secretary of State

DOGGINIEITI W CTTGGG	occirciary or orace
Entity Name: TIGERVEST N.V. (INCORPORA	TED)
Current Principal Place of Business:	New Principal Place of Business:
% MARIANELA E. DE SUAREZ 1333 S. MIAMI AVE., STE. 100 MIAMI, FL 33130	
Current Mailing Address:	New Mailing Address:
% MARIANELA E. DE SUAREZ 1333 S. MIAMI AVE., STE. 100 MIAMI, FL 33130	
FEI Number: 59-1934965 FEI Number Applied For	() FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Age	ent: Name and Address of New Registered Agent:
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US	
The above named entity submits this statement for in the State of Florida.	or the purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Register	red Agent Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
T'' 0 0 () 5 1 (Titles D (V) Observe () Addition

Title: () Delete Title: (X) Change () Addition AMACO, CURACAO N V AMACO, CURAÇÃO N V Name: Name: KAYA W.F.G. (JOMBI) MENSING 36 Address: KAYA W.F.G. (JOMBI) MENSING 36 Address: City-St-Zip: CURACAO, NETH ANTILLES, FL City-St-Zip: CURACAO, NETH ANTILLES, NA Title: () Delete Title: (X) Change () Addition SALEH, RAYMUNDO P ESPINOSA DE SUAREZ. MARIANELA Name: Name: Address: KAYA NIKIBOKO NORT 15 KRALENDIJK Address: 1333 SO. MIAMI AVENUE, SUITE #100, MIAMI, FL 33130 BONAIRE, NA City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: SALEH-CRAANE, ORFA PAULINA R Name: Address KAYA NIKIBOKO NORT 15 KRALENDIJIK Address:

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.

City-St-Zip:

SIGNATURE: MARIANELA ESPINOSA DE SUAREZ D 05/08/2007