
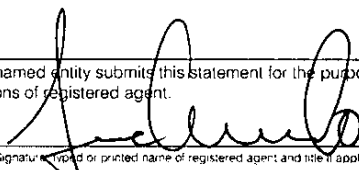


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90047 041 ***150.00

DOCUMENT # 848587 1. Entity Name FIRST MORENA INVESTMENTS, INC.					
Principal Place of Business 100-1144 N UNIVERSITY DR PEMBROKE PINES, FL 33024			Mailing Address 9651 S.W. 77TH STREET MIAMI, FL 33173		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8261 SW 124th St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152008 Chg-P CR2E034 (12/06)	
City & State		City & State Pinecrest FL		4. FEI Number 52-1181755	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33156		USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ACEVEDO, JOSE A 8261 SW 124TH ST MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Jose A Acevedo Street Address (P.O. Box Number is Not Acceptable) 605 Ives Dairy Rd G-203 City Miami FL Zip Code 33179		
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  DATE 4/13/08 <small>Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMANZANILLA, ILUMINDA C CALLE 67#596-70.72 MERIDA, YUC.MEXICO.	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Iluminda C de Manzanilla <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/13/08 <small>Daytime Phone #</small>		