2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# 851807

Entity Name: KITU INVESTMENT, INC.

Current Principal Place of Business:

C/O TRIZEL REAL ESTATE
250 CATALONIA AVENUE, SUITE 305
CORAL GABLES, FL 33134

New Principal Place of Business:

KITU INVESTMENT, INC
250 CATALONIA AVENUE, SUITE 305
CORAL GABLES, FL 33134

Current Mailing Address:

C/O TRIZEL REAL ESTATE
250 CATALONIA AVENUE, SUITE 305
CORAL GABLES, FL 33134

New Mailing Address:

KITU INVESTMENT, INC
250 CATALONIA AVENUE, SUITE 305
CORAL GABLES, FL 33134

FEI Number: 59-1724229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIALASTRI, THOMAS
250 CATALONIA AVENUE
SUITE 305
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

AMARILYS DIAZ
250 CATALONIA AVENUE
SUITE 305
CORAL GABLES, FL 33134 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: AMARILYS DIAZ 04/15/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NARDI, ETTORE,
Address: 250 CATALONIA AVE, STE 305
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: ANGELES, ARIZA,
Address: 250 CATALONIA AVE, STE 305
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: DR. RENZO, CAVALLERI,
Address: 250 CATALONIA AVE., STE 305
City-St-Zip: CORAL GABLES, FL 33134

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:

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: AMARILYS DIAZ MGR 04/15/2008
Electronic Signature of Signing Officer or Director Date