

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851807

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: KITU INVESTMENT, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 59-1724229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMARILYS DIAZ  
250 CATALONIA AVENUE  
SUITE 305  
CORAL GABLES, FL 33134 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

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: ETTORE NARDI

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date