2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857444

Entity Name: YALCOT INVESTMENTS INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

2310 COUNTRY CLUB PLACE
MIAMI, FL 33134

2310 COUNTRY CLUB PRADO
CORAL GABLES, FL 33131

Current Mailing Address: New Mailing Address:

777 BRICKELL AVE 777 BRICKELL AVENUE #1010 SUITE 1010 MIAMI, FL 33131 MIAMI, FL 33131

FEI Number: 98-0065434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FABRE, FRANK R.S., ESQ.
717 PONCE DE LEON BLVD.
SUITE 234
CORAL GABLES, FL 33134 US

FABRE, FRANK R.S., ESQ.
2310 COUNTRY CLUB PRADO
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: 03/24/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: FABRE, FRANK Name: FABRE, FRANK

Address: 717 PONCE DE LEON BLVD #234 Address: 2310 COUNTRY CLUB PRADO City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete Title: SD (X) Change () Addition Name: FABRE, MARIA ELENA Name: FABRE, MARIA ELENA

Name:FABRE, MARIA ELENAName:FABRE, MARIA ELENAAddress:717 PONCE DE LEON BLVD #234Address:2310 COUNTRY CLUB PRADOCity-St-Zip:CORAL GABLES, FL 33134City-St-Zip:CORAL GABLES, FL 33134

Title: TD () Delete Title: () Change () Addition

 Name:
 STAFF, MARIBLANCA
 Name:

 Address:
 CALLE 50,BANK OF AMERICA
 Address:

 City-St-Zip:
 PANAMA, REP.OF PANAM,
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition Name: HENRIQUEZ, MARIO Name: HENRIQUEZ, MARIO

Address: % 717 PONCE DELEON BLVD. Address: 777 BRICKELL AVE SUITE 1010

City-St-Zip: CORAL GABLES, FL City-St-Zip: MIAMI, FL 33131

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: FRANK FABRE PD 03/24/2009