2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000004140

1. Entity Name

E.G.L. INVESTMENT CORPORATION



FILED Mar 05, 2008 08:00 Al Secretary of State

Principal Place of Business

2401 N.W. 65 STREET PO BOX 70567 SEATTLE, WA 98107 Mailing Address

2401 N.W. 65 STREET PO BOX 70567 SEATTLE, WA 98107



DO NOT WRITE IN THIS SPACE

03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 91-0941221 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARBIN, EVAN R ESQ. 48 EAST FLAGLER STREET, PH-104 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

the obligat	ions of registered agent.				,	
SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent agents agent ag					DATE (87) (10) (10)	
FIL After M	E NOW!!! FEE IS \$150.00 ny 1, 2008 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			000000847759 03/19/08-80032-011 150.00	
10.	OFFICERS AND DIREC	CTORS			•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUMINS, VISVALDIS 2901 S BAYSHORE DR APT 1B MIAMI, FL 33133					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRIEDIS, IVARS 1121 N.E. 86 STREET MIAMI, FL 33138					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BRIEDIS, HELENA 1121 N.E. 86 STREET MIAMI, FL 33138			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME		. j	•			

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

12. I hereby certify that the information supplied with this filling 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 of 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:

CITY-ST-ZIP

ORURE AND PIPED OR PRINTED HARE OF SIGNING OFFICER OR DIRECTOR

03/03/08 305-2825119