2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005698

City-St-Zip:

MIAMI, FL 33133

Entity Name: MICROGEO INVESTMENT CORP

FILED Mar 24, 2009 Secretary of State

Littly Na	ille. MICKOG	LO INVESTIVIENT CORF.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
7003 NORTH WATER WAY DRIVE, SUITE 223 MIAMI, FL 33133			7003 NORTH WAT MIAMI, FL 33155	7003 NORTH WATER WAY DRIVE, SUITE 223 MIAMI, FL 33155	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
7003 NORTH WATER WAY DRIVE, SUITE 223 MIAMI, FL 33133			7003 NORTH WAT MIAMI, FL 33155	7003 NORTH WATER WAY DRIVE, SUITE 223 MIAMI, FL 33155	
FEI Number	: 75-3239147	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
	TH BÂYSHOR	RREZ & ARZA, LLP LE DRIVE, SUITE 701			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	RICHTER, ROE	VATER WAY DRIVE, SUITE 223	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SIGALA, STEF	VATER WAY DRIVE, SUITE 223	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	PEREZ, ALVAF) Delete RO WATER WAY DRIVE SHITE 223	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: ROBERT RICHTER PCD 03/24/2009