2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 21, 2007 08:00 AM Secretary of State DOCUMENT # F10508 MARCIAL INVESTMENTS, INC. Principal Place of Business Mailing Address 12780 CYPRESS RD 12780 CYPRUS RD MIAMI FL 33181 MIAMI FL 33181 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 59-2042654 Not Applicable Zip Country Country Zip. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRUZ, ALEJANDRINA G 807 S W 25TH AVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33135** 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition RODRIQUEZ, JOSE L. NAME. NAME 12780 CYPRUS RD STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP D THE Delele TITLE Change Addition RODRIQUEZ, VIRGINIA 000000674530 03/29/07-80073-020 150.00 NAME NAME 12780 CYPRUS RD STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST ZIP CITY-ST-ZIP THE ☐ Delete THLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS C!TY-S!-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP IIIU ☐ Defete TITE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP III Delete TITLE Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-SI-7IP

12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

FILED