



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90062 013 \*\*\*150.00

<b>DOCUMENT # G87858</b> 1. Entity Name <b>CARRILLO INVESTMENT CORP.</b>					
Principal Place of Business <b>782 NW 42 AVE #428-A MIAMI, FL 33126 US</b>			Mailing Address <b>782 NW 42 AVE #428-A MIAMI, FL 33126 US</b>		
2. Principal Place of Business - No P.O. Box # <b>4485 NW 36 ST</b>		3. Mailing Address <b>4485 NW 36 ST</b>			
Suite, Apt. #, etc. <b># 4</b>		Suite, Apt. #, etc. <b># 4</b>		04082008    Chg-P    CR2E034 (12/06)	
City & State <b>MIAMI SPRINGS, FL</b>		City & State <b>MIAMI SPRINGS, FL</b>		4. FEI Number <b>59-2380264</b>	
Zip <b>33166</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CARRILLO, PEDRO L 520 PINECREST DR <del>SUITE 1040</del> MIAMI SPRINGS, FL 33166</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>520 PINECREST DR</b> City <b>MIAMI SPRINGS</b> <b>FL</b> Zip Code <b>33166</b>	
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: <u><i>Pedro Carrillo</i></u> DATE: <u>4/8/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CARRILLO, PEDRO L 782 N.W. LEJEUNE RD, SUITE 428-A MIAMI, FL 331265536	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, MARIA C 782 N.W. LEJEUNE RD, SUITE 428-A MIAMI, FL 331265536	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing 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 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: <u><i>Pedro Carrillo</i></u> DATE: <u>4/8/08</u> DAYTIME PHONE: <u>305-882-1811</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					