## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H30881

City-St-Zip:

NORTH MIAMI, FL 33181

me: REKERLE INVESTMENTS INC

FILED Apr 17, 2008 Secretary of State

Entity Name: REKERLE INVESTMENTS, INC.				
Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
C/O HIGER LICHTER & GIVNER 2999 NE 191 ST, # 700 AVENTURA, FL 331803116		C/O HIGER LICHTER & GIVNER 18305 BISCAYNE BOULEVARD # 402 AVENTURA, FL 33160 US		
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
2999 NE 19	RLICHTER & GIVNER 01 ST, #700 A, FL 331803116	C/O HIGER LICHTER & GIVNER 18305 BISCAYNE BOULEVARD # 402 AVENTURA, FL 33160 US		
FEI Number:	59-2472760 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Statu	us Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of New Registered A	Name and Address of New Registered Agent:	
LICHTER, DAVID 2999 N.E. 191 ST SUITE 700 AVENTURA, FL 331803116 US		LICHTER, DAVID 18305 BISCAYNE BOULEVARD SUITE 402 AVENTURA, FL 33160 US	18305 BIŚCAYNE BOULEVARD SUITE 402	
The above in the State		rpose of changing its registered office or registered	d agent, or both,	
SIGNATURE:		04/17/200	04/17/2008	
	Electronic Signature of Registered Age	nt Date		
Election Cam	paign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete LICHTER, MAYRA R 1932 NE 119 RD NORTH MIAMI, FL 33181	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	1	
Title: Name: Address: City-St-Zip:	SD () Delete KERBEL, MARCOS A 11607 N BAYSHORE DR NORTH MIAMI, FL 33181	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	1	
Title: Name: Address:	TD () Delete KERBEL, FANNY A 11607 N BAYSHORE DR	Title: ( ) Change ( ) Addition Name: Address:	1	

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: MAYRA R. LICHTER PD 04/17/2008