

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K41868

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: MAREX INVESTMENTS, INC.

## Current Principal Place of Business:

901 PONCE DE LEON BLVD.  
SUITE 601  
CORAL GABLES, FL 331342050

## New Principal Place of Business:

6505 BLUE LAGOON DR, STE 430  
MIAMI, FL 33126

## Current Mailing Address:

901 PONCE DE LEON BLVD.  
SUITE 601  
CORAL GABLES, FL 331342050

## New Mailing Address:

6505 BLUE LAGOON DR, STE 430  
MIAMI, FL 33126

FEI Number: 65-0086290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ASHE, DAVID  
901 PONCE DE LEON BLVD.  
SUITE 601  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

ASHE, DAVID  
6505 BLUE LAGOON DR, STE 430  
MIAMI, FL 33126 US

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.

SIGNATURE: DAVID ASHE

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: CARVAJAL, JORGE HERNANDO  
Address: 901 PONCE DE LEON BLVD. #601  
City-St-Zip: CORAL GABLES, FL

Title: AS ( ) Delete  
Name: ASHE, DAVID  
Address: 901 PONCE DE LEON BLVD SUITE 601  
City-St-Zip: CORAL GABLE, FL 33134

Title: PD ( ) Delete  
Name: CARVAJAL-CABAL, ALBERTO  
Address: 901 PONCE DE LEON BLVD #601  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: CARVAJAL, JORGE HERNANDO  
Address: 6505 BLUE LAGOON DR, STE 430  
City-St-Zip: MIAMI, FL 33126

Title: AS (X) Change ( ) Addition  
Name: ASHE, DAVID  
Address: 6505 BLUE LAGOON DR, STE 430  
City-St-Zip: MIAMI, FL 33126

Title: PD (X) Change ( ) Addition  
Name: CARVAJAL-CABAL, ALBERTO  
Address: 6505 BLUE LAGOON DR, STE 430  
City-St-Zip: MIAMI, FL 33126

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.

SIGNATURE: DAVID ASHE

AS

01/16/2009

Electronic Signature of Signing Officer or Director

Date