

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K49487

FILED
Feb 19, 2008
Secretary of State

Entity Name: TRELLIS INVESTMENTS, INC.

Current Principal Place of Business:

1910 NW 97TH AVE
MIAMI, FL 33172 US

New Principal Place of Business:

Current Mailing Address:

1910 NW 97TH AVE
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 65-0118407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDIVE, ARMANDO
250 CATALONIA AVE
SUITE 705
CORAL GABLES, FL 33172 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLIVARES, HOLLY ANA
Address: 1910 NW 97TH AVE
City-St-Zip: MIAMI, FL 33172

Title: VP (X) Delete
Name: RINCON, LUIS ALONSO
Address: 1910 NW 97TH AVE
City-St-Zip: MIAMI, FL 33172

Title: T () Delete
Name: RINCON, LUIS ANGEL
Address: 1910 NW 97TH AVE
City-St-Zip: MIAMI, FL 33172

Title: SEC () Delete
Name: RINCON, HOLLY SUSAN
Address: 1910 NW 97TH AVE
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPT (X) Change () Addition
Name: RINCON, LUIS ANGEL
Address: 1910 NW 97TH AVE
City-St-Zip: MIAMI, FL 33172

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: OLIVARES HOLLY ANA

P

02/19/2008

Electronic Signature of Signing Officer or Director

Date