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**ANNUAL REPORT**

**DOCUMENT # L38850**

1. Entity Name  
**ALDEMA INVESTMENT CORPORATION OF FLORIDA**



40104498

Principal Place of Business  
**ONE S.E. THIRD AVENUE  
 15TH FLOOR  
 MIAMI, FL 33131**

Mailing Address  
**P O BOX 403678  
 MIAMI BEACH, FL 33140-1818 US**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

05152008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number  
**65-0176005**

Applied For  
 Not Applicable


Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MARTIN, FRANCISCO J CPA  
 % BERKOWITZ, DICK, POLLACK & BRANT  
 ONE S.E. THIRD AVENUE, 15TH FLOOR  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
**Natalisa Rivera**  
 Street Address (P.O. Box Number is Not Acceptable)  
**c/o Aldema Mia. Bch. Invest. Corp**  
**1198 Venetian Way**  
 City **Miami, Florida 33139** **FL** Zip Code

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  DATE **5/18/08**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renouncing)

**FILE NOW!!! FEE IS \$550.00  
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS DELLER, ALBERTO CASILLA 2036 QUITO, ECUADOR. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT DELLER, FRIDA CASILLA 2036 QUITO, ECUADOR. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DELLER, MICHEL CASILLA 2036 QUITO, ECUADOR. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELLER DE BEITSCH, HELEN CASILLA 2036 QUITO, ECUADOR. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  DATE **5/18/08**

SIGNATURE AND TYPED OR PRINTED NAME OF BRUSHED OFFICER OR DIRECTOR