

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L81813

FILED
Feb 17, 2009
Secretary of State

Entity Name: MCLWR INVESTMENTS, INC.

Current Principal Place of Business:

95 MERRICK WAY
SUITE 420
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

95 MERRICK WAY
SUITE 420
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0203722 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERLIN, ROBERT J
95 MERRICK WAY
SUITE 420
CORAL GABLES, FL 33134 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: D () Delete
Name: MERLIN, ROBERT J.,
Address: 3960 WOOD AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: LEVINE, IRWIN,
Address: 4293 PRAIRIE AVE
City-St-Zip: MIAMI BEACH, FL

Title: D () Delete
Name: COHEN, MARK S.,
Address: 2525 SANDS WAY
City-St-Zip: COOPER CITY, FL

Title: D () Delete
Name: RODSTEIN, H. JOSH,
Address: 9370 SW 87TH AVENUE, SUITE S-4
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: WEISSER, MARK,
Address: 65 E 9TH COURT
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ROBERT J. MERLIN

D

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date