

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L81813

Entity Name: MCLWR INVESTMENTS, INC.

FILED  
Feb 17, 2009  
Secretary of State

## 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