2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2008 8:00 am Secretary of State

| Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additiona | 1. Entity Nar | ne | #L97386 RICAN INVESTM | ENT CORP. | | | | 02-28-200 | 8 90019 (|)34 ***1. | 50.00 |
|--|--|---|--|--|--|--|------------------------------------|---------------------------------------|--------------|--------------------------|-----------------------|
| Suite, Apt. #, etc. Suite, Apt. #, etc. O1182008 ChgP CR2E034 (12/06) | % JACK D. FINKELMAN 1500 SAN REMO AVENUE SUITE 125 | | | % JACK D. FINK 1500 SAN REMO | % JACK D. FINKELMAN 1500 SAN REMO AVENUE SUITE 125 | | | | | | |
| City & State Applied feb-0.215028 Engagement S. Certificate of Status Desired See Required Fee Required Fee Required Fee Required Street Address of New Registered Agent Name ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE: STE: 125 CORAL GABLES, FL 33146 City FL Zip Code On Tell Registered agent, or both, in the State of Florida. I am familiar with, and a trip obligations of registered agent, or both, in the State of Florida. I am familiar with, and a trip obligations of registered agent agent and the lacelicate. FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. MAE STRET ADDRESS CITY-S1-2P CORAL GABLES, FL Obets TITLE NAME STRET ADDRESS CITY-S1-2P Obets TITLE Change Change Change The Address (P.O. Box Number is Not Acceptables The Address (P.O. Box Number is Not Acceptable | Principal Place of Business - No P.O. Box # 3. | | | 3. Mailing Address | Mailing Address | | | | | | |
| Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additiona | Suite, Apt. #, etc. | | Suite, Apt. #, etc | Suite, Apt. #, etc. | | 01182008 | Chg-P | CR2E0 | 34 (12/06) | | |
| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE. STE. 125 CORAL GABLES, FL 33146 Street Address (P.O. Box Number is Not Acceptable) City 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 Proids. I am familiar with, and at the obligations of registered agent. SIGNATURE Signature. Speed or private neme of registered agent and the it exploitable. PILE NOWITIS FEE IS \$450.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS: ITILE NAME TROUBETZKOY, NICK PETER Deldes TITLE DELDER T | City & Sta | City & State | | | City & State | | 1 |)28 | | | ot Applicable |
| ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE. STE. 125 CORAL GABLES, FL 33146 City FL Zip Code | Zip | | - | | Cour | ntry | <u>L</u> | | | Fee Require | |
| ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE. STE. 125 CORAL GABLES, FL 33146 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent. 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the ill sockable. PST FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee wrill be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 3. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TROUBETZKOY, NICK PETER 1500 SAN REMO AVE \$225 COR'S.T.PP 1500 | | 6. Name | and Address of Curren | t Registered Agent | | Name | 7. Name and A | ddress of New i | Registered A | \gent | |
| Elip above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and at the obligations of registered agent. SIGNATURE Synature, typed or printed name of registered agent and title il explicates. RNOTE Registered Agent algoritance required when reinistating) After May 1, 2008 Fee with be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PST Debete TROUBETZKOY, NICK PETER STREET ADDRESS TREET ADDRESS TREET ADDRESS CITY-ST-2P TITLE Debete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE | | | | | | | s (P.O. Box Number | is Not Acceptab | le) | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ronda. I am familiar with, and as the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the # sopiciatis. (NOTE Registered Agent signature required when reinstating) DATE FILE NOWILI FEE IS \$450.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. | | | | | | | | | | | |
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indicated on this report or supplier with this tiling does not qually for the exemptions contained in Chapter 139. Florida Statutes. I further certify that the moration indicated on this 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

R PRINTED NAME OF SIGNING OFFICER OR DIRECT

FEBRUARY 09,2008 (158)4512453

Daytime Phone #