2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M78340

1. Entity Name

ALKITSA INVESTMENT LIMITED, INC.



FILED
Jan 14, 2008 08:00 AM
Secretary of State

Principal Place of Business

3665 BATTERSEA ROAD MIAMI, FL 33133 Mailing Address

P.O. BOX 331070 MIAMI, FL 33133-1070



DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Regulred

6. Name and Address of Current Registered Agent

SCURTIS, JOHN C. 701 NE 2ND AVENUE MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE

				114	INIS SPACE
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_	Signature, typed or printed name of registered agent and title	Kapplicable. (NOTE: Registered	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPASAKELARIOU,ALEJANDRO 2510 CORREO CARMELITA CARACAS 1010, VENEZU,				
NAME STREET ADDRESS CITY-ST-ZIP	P PAPASAKELARION, CRISTO 2503 NANTUCKET HOUSTON, TX 77057				U00000783478 01/16/08-80016-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second s	port of the second	.465) ⁵⁵	A 4 A ² S DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby	certify that the information supplied with this f	illing does not qualify for the exe	emptions col	ntained in Chapter 11	9, Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

< PAPASAHKLANDON

1/10/08 (713)756-5501

Daytime Phone i