## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000013772

City-St-Zip:

MIAMI, FL 33145

FILED Apr 16, 2007 Secretary of State

Entity Name: CACTUS INVESTMENT CORP.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
2307 DOUG SUITE 400 MIAMI, FL					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
1901 BRIC SUITE 230 MIAMI, FL			2307 DOUGLAS ROAD SUITE 400 MIAMI, FL 33145		
FEI Number:	65-0979643	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
SAURA, LUCIA 1901 BRICKELL AV SUITE 2301 B MIAMI, FL 33129 US			IDA C. OVIES, C.P.A., P 2307 DOUGLAS ROAD SUITE 400 MIAMI, FL 33145 US	SUITE 400	
The above in the State		bmits this statement for the pu	rpose of changing its registered o	office or registered agent, or both,	
SIGNATURE: IDA C. OVIES				04/16/2007	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financing T	rust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	M () D SAURA, ANTONIO 2307 DOUGLAS F MIAMI, FL 33145	O ROAD STE 400	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	M () D SAURA, LUCIA 2307 DOUGLAS F MIAMI, FL 33145	ROAD STE 400	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name:	M () D SAURA, JORGE 2307 DOLIGI AS E		Title: ( Name: Address:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: LUCIA SAURA 04/16/2007 Μ