2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064308

Entity Name: MAYAL INVESTMENTS, INC.

ARENAS, CARLOS F

MIAMI, FL 33175

13201 SW 25TH STREET

Name:

Address:

City-St-Zip:

FILED Jan 29, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principa | New Principal Place of Business: | |
|---|---|--------------------------------|---|---|--|
| 7231 SW 63RD AVENUE SUITE 200 MIAMI, FL 33143 | | | SUITE 100 | 7231 SW 63RD AVENUE SUITE 100 MIAMI, FL 33143 | |
| Current Mailing Address: | | | New Mailing | New Mailing Address: | |
| 7231 SW 63RD AVENUE SUITE 200 MIAMI, FL 33143 | | | 7231 SW 63RD AVENUE SUITE 100 MIAMI, FL 33143 | | |
| FEI Number | : 65-1026675 | FEI Number Applied For () | FEI Number Not Applicat | ble () Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Ad | Name and Address of New Registered Agent: | |
| 13201 SW MIAMI, FL | | | nurnose of changing its r | registered office or registered agent, or both, | |
| | e of Florida. | submits this statement for the | purpose of changing its in | registered office of registered agent, or bottl, | |
| SIGNATUI | RE: | | | | |
| Electronic Signature of Registered Agent | | | jent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/0 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | PD (GUTIERREZ, A 13201 SW 251 MIAMI, FL 331 | 'H STREET | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | BARRIOS, MA | DAVENUE, SUITE 200 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SD (ARENAS, ALBA 628 PALMETT MIAMI, FL 331 | O DRIVE | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: | TD (|) Delete | Title: | () Change () Addition | |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ALBA GUTIERREZ PD 01/29/2009