

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 17 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000117460	
1. Entity Name NARA INVESTMENT INC.	

Principal Place of Business 2655 LE JEUNE ROAD, #507 CORAL GABLES, FL 33134 US	Mailing Address 2655 LE JEUNE ROAD, #507 CORAL GABLES, FL 33134 US
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07112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1068083	Applied For Not Applicable
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5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent URDANETA, JUAN VICENTE 2655 LE JEUNE ROAD, #507 CORAL GABLES, FL 33134

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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 date if applicable (NOTE: Registered Agent signature required when substituting) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees ☐

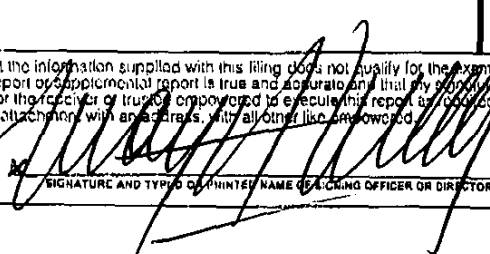
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 07/22/08--01014--022 **476.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, CARLOS 2655 LE JEUNE ROAD, #507 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, PAULINA 2655 LE JEUNE ROAD, #507 CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

7/7/08

DO NOT WRITE IN THIS SPACE

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 provided 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 and lawful.

SIGNATURE:  **ATTORNEY IN FACT 305 6656214**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date/Printed Name