
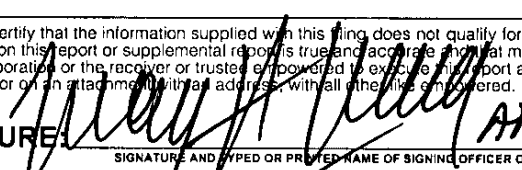



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000124225</b> 1. Entity Name <b>AMNIA INVESTMENT INC.</b>					
Principal Place of Business <b>2655 LEJUNE RD. #507 CORAL GABLES, FL 33134</b>			Mailing Address <b>2655 LEJUNE RD. #507 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country		
4. FEI Number <b>20-0742331</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  <b>URDANETA, JUAN VICENTE 2655 LEJUNE ROAD #507 CORAL GABLES, FL 33134</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHACIN DE LANDER, AMNIA</b> <b>2655 LEJUNE RD.,#507</b> <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANDER, MANUEL F</b> <b>2655 LEJUNE RD.,#507</b> <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LANDER, CARLOS A</b> <b>2655 LEJUNE RD.,#507</b> <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE TORRES, MARIAS A</b> <b>2655 LEJUNE RD.,#507</b> <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE VILLUENDAS, ANNIA</b> <b>2655 LEJUNE RD.,#507</b> <b>CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 reports 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 that address, with all other information entered.					
SIGNATURE  <b>ATTORNEY IN FACT 4/12/08 301 7211319</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**FILED**  
**2008 APR 30 PM 1:38**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



04162008    Chg-P    CR2E034 (12/06)

4. FEI Number    Applied For  
**20-0742331**    ☐ Not Applicable

5. Certificate of Status Desired    ☐ **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**\$5.00 May Be Added to Fees**

100129437681  
 05/14/08--01009--014    \*\*6600.00