## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000128014

Name:

Address:

City-St-Zip:

ALVAREZ, MARIA

MIAMI, FL 33142

3275 NW 24 STREET RD

Entity Name: BAN INVESTMENTS, INC.

FILED Feb 12, 2009 Secretary of State

| Entity Nar  | ne: BAN II                                | NVESTMENTS, IN       | U.                |   |   |                                   |                 |        |
|---|---|----------------------|-------------------|---|---|-----------------------------------|-----------------|--------|
| Current Principal Place of Business:              |   |                      |                   | New Principal Place of Business:            |   |                                   |                 |        |
| 3275 NW 2<br>MIAMI, FL                            |   |                      |                   |   |   |                                   |                 |        |
| Current Mailing Address:                          |   |                      |                   | New Mailing Address:                        |   |                                   |                 |        |
| 3275 NW 2<br>MIAMI, FL                            |   |                      |                   |   |   |                                   |                 |        |
| FEI Number: 32-0055056 FEI Number Applied For ( ) |   |                      | pplied For()      | FEI Number Not Appl                         | icable ( )                                    | Certificate of Status Desired ( ) |                 |        |
| Name and  | Address o                                 | of Current Registe   | ered Agent:       | Name and Address of New Registered Agent:   |   |                                   |                 |        |
| 15105 NW<br>MIAMI LAK<br>The above                |   | E 303<br>014 US      | tement for the pu | urpose of changing i                        | ts registered                                 | d office or regis                 | tered agent, or | both,  |
|   | e of Florida.<br>                         |                      |                   |   |   |                                   |                 |        |
| SIGNATUR  |   | ronic Signature of   | Registered Age    |   |   | Date                              | <u> </u>        |        |
| Election Car                                      |   | cing Trust Fund Cont |                   |   |   | Buck                              | -               |        |
| OFFICERS AND DIRECTORS:                           |   |                      |                   | ADDITION                                    | S/CHANGE                                      | S TO OFFICE                       | RS AND DIRE     | CTORS: |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | VP<br>MEDEROS,<br>8825 SW 6<br>MIAMI, FL  |                      |                   | Title:<br>Name:<br>Address:<br>City-St-Zip: |   | () Change () Ad                   | ddition         |        |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | P<br>LLANES, AI<br>4115 DORE<br>FORT LAUE |                      | 316               | Title:<br>Name:<br>Address:<br>City-St-Zip: | P<br>LLANES, ALI<br>4115 DERBY<br>DAVIE, FL 3 | / DR                              | ddition         |        |
| Title <sup>.</sup>                                | SD  | ( ) Delete           |                   | Title <sup>.</sup>                          |   | () Change () Ad                   | ddition         |        |

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: ALFONSO LLANES PD 02/12/2009