2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State
03-22-2007 90013 013 ***158.75

DOCUMENT # P02000128813

1. Entity Name
VIALMAR INVESTMENTS, INC.

60027364

Principal Place of Business	Mailing Address
150 SE 2ND AVENUE SUITE #~~914~~ MIAMI, FL 33131 US	150 SE 2ND AVENUE SUITE #~~914~~ MIAMI, FL 33131 US

01032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
150 SE 2 AVENUE	150 SE 2 AVENUE
Suite, Apt. #, etc.: SUITE #900	Suite, Apt. #, etc.: SUITE #900
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131 Country: U.S.	Zip: 33131 Country: U.S.

4. FEI Number 22-3892921 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VALLE, ALBERTO 150 SE SECOND AVENUE SUITE #~~914~~ MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable): 150 SE 2 AVENUE SUITE #900 City: MIAMI FL Zip Code: 33131

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] 3/19/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARTINEZ SERODIO, BASILIO 150 SE 2ND AVENUE, SUITE #~~914~~ MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 150 SE 2 AVENUE, SUITE #900 MIAMI, FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V VALLE, ALBERTO 150 SE 2ND AVENUE, SUITE #~~914~~ MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V AGUILERA, GUIDO A 815 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST VALLE, ALBERTO 150 SE 2ND AVENUE, SUITE #914 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 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 required 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 empowered.

SIGNATURE: [signature] ALBERTO VALLE 3/19/07 305-372-0289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #