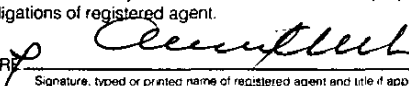
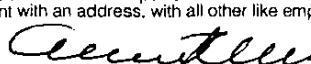


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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.					
Principal Place of Business 150 SE 2ND AVENUE SUITE #914 MIAMI, FL 33131 US			Mailing Address 150 SE 2ND AVENUE SUITE #914 MIAMI, FL 33131 US		
2. Principal Place of Business - No P.O. Box # 150 SE 2 AVENUE Suite, Apt. #, etc. SUITE # 900 City & State MIAMI, FL Zip 33131 Country U.S.			3. Mailing Address 150 SE 2 AVENUE Suite, Apt. #, etc. SUITE # 900 City & State MIAMI, FL Zip 33131 Country U.S.		
4. FEI Number 22-3892921			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			01032007 Chg-P CR2E034 (12/06)		
6. Name and Address of Current Registered Agent VALLE, ALBERTO 150 SE SECOND AVENUE SUITE #914 MIAMI, FL 33131			7. Name and Address of New Registered Agent 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  DATE 3/19/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AGUILERA, GUIDO A 815 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VALLE, ALBERTO 150 SE 2ND AVENUE, SUITE #914 MIAMI, FL 33131	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  ALBERTO VALLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/19/07 Daytime Phone # 305-372-0889		