## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000128813

Name:

Address:

City-St-Zip:

Entity Name: VIALMAR INVESTMENTS, INC

FILED Jan 09, 2009 Secretary of State

Entity Nai	me: VIALIVIAH	CINVESTMENTS, INC.					
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
SUITE #90							
MIAMI, FL	33131 US						
Current M	lailing Addres	ss:	New Mailing Address:				
150 SE 2N SUITE #90 MIAMI, FL							
FEI Number:	: 22-3892921	FEI Number Applied For ( )	FEI Number Not App	icable ( )	Certificate of Status Desired	( )	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
SUITE #90	COND AVEN	JE					
	named entity e of Florida.	submits this statement for the	e purpose of changing i	ts registered	office or registered agent, o	or both,	
SIGNATUR	RE:						
	Electror	nic Signature of Registered A	gent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).					
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MARTINEZ SEI	Delete RODIO, BASILIO /E. SUITE #900 31	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VALLE, ALBER	/ENUE, SUITE #900	Title: Name: Address: City-St-Zip:	VALLE, ALBE	AVENUE, SUITE #900		
Title: Name: Address: City-St-Zip:	VALLE, ALBER	/ENUE, SUITE #900	Title: Name: Address: City-St-Zip:	VALLE, ISIS	(X) Change ( ) Addition AVENUE, SUITE #900 3131		
Title:	(	) Delete	Title:	ST (	( ) Change (X) Addition		

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:

LOPEZ, ENEÌDA

MIAMI, FL 33131

150 SE 2ND AVENUE, SUITE 900

SIGNATURE: IV VP 01/09/2009