

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000031331

FILED
Jul 16, 2008
Secretary of State

Entity Name: FRAGA CAPITAL INVESTMENTS, INC.

Current Principal Place of Business:

5757 COLLINS AVE.
#504
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

PO BOX 452632
MIAMI, FL 33245

New Mailing Address:

FEI Number: 65-1179991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAGA, JOSE A
5757 COLLINS AVE.
#504
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRAGA, JOSE SR
Address: 5757 COLLINS AVE 504
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: FERRARI, DELIA
Address: 5757 COLLINS AVE 504
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: FRAGA, JOSE A
Address: 5757 COLLINS AV 504
City-St-Zip: MIAMI BEACH, FL 33140

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.

SIGNATURE: JOSE A. FRAGA

PRES

07/16/2008

Electronic Signature of Signing Officer or Director

Date