2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079534

Entity Name: ME FLORIDA INVESTMENTS CORP.

FILED Apr 28, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

8181 NW 14 STREET 4535 PONCE DE LEON BLVD STE 300 CORAL GABLES, FL 33146 US

MIAMI, FL 33126

New Mailing Address: Current Mailing Address:

8181 NW 14 STREET 4535 PONCE DE LEON BLVD STE 300 CORAL GABLES, FL 33146 US MIAMI, FL 33126

FEI Number: 20-0103292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PENELAS, CARLOS M 8181 NW 14 STREET SUITE 300 MIAMI, FL 33126 US

PENELAS, CARLOS M 4535 PONCE DE LEON BLVD CORAL GABLES, FL 33146 US

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: CARLOS PENELAS 04/28/2009

> Electronic Signature of Registered Agent Date

> > Title:

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVST () Delete

(X) Change () Addition VILELA PENELAS, CARLOS MANUEL VILELA PENELAS, CARLOS MANUEL Name: Name: 8181 NW 14 STREET, SUITE 300 4535 PONCE DE LEON BLVD Address: Address: City-St-Zip: CORAL GABLES, FL 33146

City-St-Zip: MIAMI, FL 33126

Title: Title: DVST (X) Change () Addition () Delete

PIRES CACHORREIRO, CARLOS ALBERTO Name: Name: CARDOSO, LUIS RUA REGO LAMEIRO #38 RUA REGO LAMEIRO #38 Address: Address:

PORTO, PORTUGAL, 4300-454, PT PORTUGAL XX PORTO, PORTUGAL, 4300-454, PT PORTUGAL XX City-St-Zip: City-St-Zip:

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: CARLOS PENELAS PD 04/28/2009