

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000080222

FILED
Oct 31, 2008
Secretary of State**Entity Name:** CAPITAL RECOVERY & INVESTMENTS INC.**Current Principal Place of Business:**P. O. BOX 526821
MIAMI, FL 33152**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 526821
MIAMI, FL 33152**New Mailing Address:****FEI Number:** 20-0135327**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SANCHEZ, SERGIO
10211 PINES BOULEVARD
209
PEMBROKE PINES, FL 33026 US**Name and Address of New Registered Agent:**GARCIA, ALVARO
P.O BOX 83
CUMMING, FL 30028 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: ALVARO GARCIA

10/31/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: SANCHEZ, SERGIO
Address: P. O. BOX 526821
City-St-Zip: MIAMI, FL 33152**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: OSCAR, GARCIA
Address: P.O. BOX 83
City-St-Zip: CUMMING, GA 30028

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: OSCAR GARCIA

D

10/31/2008

Electronic Signature of Signing Officer or Director

Date