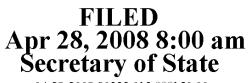
2008 FOR PROFIT CORPORATION ANNUAL REPORT



3128/08

1. Entity Name	MENT # P0300010 NVESTMENTS, INC.			04-28-2008 90	0332 013	***150.0	00			
Principal Place 7365 SW 24 MIAMI, FL *33	ST	Mailing Address 8567 CORAL WAY #239 MIAMI, FL 33155				OCIOL IIRI ELII OLII OLII		1		
2. Principal Pi	ace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03072008	Chg-P	CR2E03	1 (12/06)		
City & State		City & State			4. FEI Numb 20-023				plied For t Applicable	
Zip	Country	Zip	гу	5. Certificate of Status Desired See Required Fee Required						
	6. Name and Address of Curren		7. Name and Address of New Registered Agent							
		-	İ	Name						
PELL, JOR 8567 COR #239	AL WAY		Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL	33155							Zip Code		
9 The above	named entity submits this statement									
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	Signature, typed or printed name of registered age	ed when reinstating)		DATE		Ì				
FIL After Me	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee w!!! be \$550	9. Election Campa Trust Fund Con			5.00 May Be ded to Fees					
Arter may 1, 2006 Fee will be \$550.00										
10.	OFFICERS AND DIRECTORS 11				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	DPST ☐ Delete 117		THTLE	:				☐ Change	☐ Addition	
NAME			NAME	E						
STREET ADDRESS	ESS 8567 CORAL WAY #239		STREET ADDRESS							
CITY-ST-ZIP	MIAMI, FL 33155		CITY-	-ST-ZIP						
TITLE	☐ Delete TiT		TITLE	: -				Change	☐ Addition	
NAME -	N		NAME	E]						
STREET ADDRESS			STRE	ET ADDRESS	*					
CITY-ST-ZIP		<u> </u>	CITY-	-ST-ZIP						
TITLE	Delete TIT			:				Change	Addition	
NAME			MAM!	1			-		- !	
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NAME			NAM	ı						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
		·								
TITLE		Delete	TITLE	i				☐ Change	Addition	
NAME CONTRACT ADDRESS		•	NAM							
STREET ADDRESS	İ			ET ADDRESS - ST-ZIP					:	
CITY-ST-ZIP		24								
indicated of the co	certify that the information supplied will do not this report or supplemental report poration or the receiver or trustee enter on an attention and the state of the supplement with an address.	t is true and accurate and that powered to execute this repor	my signat t as requi	ture shall have the	e same legat ette	ct as it made under i	oath: lhat i ar	n an officer	or director	