


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P03000106562 |  |
| 1. Entity Name NEXT LEVEL INVESTORS INTL.CORP. | |

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|---|---|
| Principal Place of Business 15515 MIAMI LAKE WAY #105 MIAMI LAKES FL 33164 | Mailing Address 15515 MIAMI LAKE WAY #105 MIAMI LAKES FL 33164 |
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|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E034 (10/07)

| | | | |
|--------------|--------------|-----------------------------|--|
| City & State | City & State | 4. FEI Number 05-0587811 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent RAMIREZ, ENRIQUE 15515 MIAMI LAKE WAY #105 MIAMI LAKES FL 33164 |
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| 7. Name and Address of New Registered Agent |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete P RAMIREZ, ENRIQUE 15515 MIAMI LAKE WAY #105 MIAMI LAKES FL 33164 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete VST VINA RAMIREZ, FELICIA M 15515 MIAMI LAKE WAY #105 MIAMI LAKES FL 33164 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U000000334719 05/28/08-80043-010 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4-27-08 786-229-2676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo Year