2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109191

Entity Name: FLORE INVEST, INC.

FILED Mar 23, 2007 Secretary of State

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

520 BRICKELL KEY DR STE 0-305 201 GOLDEN BEACH DRIVE MIAMI, FL 33131 GOLDEN BEACH, FL 33160

Current Mailing Address: New Mailing Address:

520 BRICKELL KEY DR STE 0-305 201 GOLDEN BEACH DRIVE MIAMI, FL 33131 GOLDEN BEACH, FL 33160

FEI Number: 20-0998232 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:

TRANSGLOBAL CORPORATE ADMINISTRATION, INC. ESJ ASSET MANAGEMENT 520 BRICKELL KEY DR #0-305 201 GOLDEN BEACH DRIVE MIAMI, FL 33131 GOLDEN BEACH, FL 33160 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: ARNAUD SITBON 03/23/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

Title:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

SITBON, ARNAUD SITBON, ARNAUD Name:

Name: 520 BRICKELL KEY DR STE 0-305 9201 COLLINS AVENUE, APT#822 Address: Address:

City-St-Zip: MIAMI, FL 33131 City-St-Zip: SURFSIDE, FL 33154

() Delete Title: DP Title: DΡ (X) Change () Addition

Name: SITBON, ARNAUD Name: SITBON, ARNAUD

520 BRICKELL KEY DRIVE, SUITE 0-305 Address: 9201 COLLINS AVENUE, APT#822 Address:

MIAMI, FL 33131 SURFSIDE, FL 33154 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ARNAUD SITBON D 03/23/2007