## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2008 08:00 AN Secretary of State DOCUMENT # P03000130520 VAGÁ INVESTMENTS, INC. Principal Place of Business Mailing Address 9455 COLLINS AVE., #801 9455 COLLINS AVE., #801 SURFSIDE, FL 33154 SURFSIDE, FL 33154 No Chg-P CR2E034 (11/05) 04282008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3793967 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE WELSOME, MARCELA 1001 COLONY POINT CIRCLE IN THIS SPACE PEMBROKE PINES, FL 33026 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registation) U000000940677 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 05/28/08-80073-016 150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MALCYK, EDGARDO M NAME STREET ADDRESS 9455 COLLINS AVE., #801 CITY-ST-ZIP SURFSIDE, FL 33154 TITLE HELMAN, ARIEL B NAME STREET ADDRESS 9455 COLLINS AVE., #801 CITY-ST-ZIP SURFSIDE, FL 33154 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP JITLE NAME STREET ADORESS C≱(Y-ST-ZIP

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #

FILED