## **FILED** May 14, 2007 8:00 am Secretary of State

2007	ANNUAL REPORT	N
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DOCUMENT # P03000140777 05-14-2007 90072 043 \*\*\*150.00 PALUCI INVESTMENTS, INC. Principal Place of Business Mailing Address 40111900 8290 LAKE DRIVE SUITE 105 8290 LAKE DRIVE SUITE 105 MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7185 SW 8 5+ Suite, Apt. #, etc. ろの し Suite, Act. #, etc. 04302007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For MIMANI 20-0440447 Not Applicable Zip Country Country \$8.75 Additional 33144 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALUCI, GUSTAVO Street Address (P.O. Box Number is Not Acceptable) 8290 LAKE DRIVE SUITE 105 MIAMI, FL 33166 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PALUCI, FRANCISCO NAME 8290 LAKE DRIVE SUITE 105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PALUCI, MARIA G NAME NAME STREET ADDRESS 8290 LAKE DRIVE SUITE 105 STREET ADDRESS CITY-ST-7/P MIAMI, FL 33166 CITY-ST-ZIP TITHE ☐ Delete TITLE ☐ Change ☐ Addition PALUCI, GUSTAVO NAME NAME STREET ADDRESS 8290 LAKE DRIVE SUITE 105 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME #TREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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.