2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092223

Entity Name: INVESTMENTS HAPAL, CORP.

FILED May 18, 2007 Secretary of State

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

4995 N.W. 72 AVE 13324 S.W. 128TH PATH

205 MIAMI, FL 33186 MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

4995 N.W. 72 AVE 13324 S.W. 128TH PATH

205 MIAMI, FL 33186 MIAMI, FL 33166

FEI Number: 33-1095183 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:

CAVALIERI, OMAR E MR.

1430 PONCE DE LEON BLVD.

CORAL GABLES, FL 33134 US

LEON, JOAQUIN R

13324 S.W. 128TH PATH

MIAMI, FL 33186 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: JOAQUIN R LEON 05/18/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S () Delete Title: P (X) Change () Addition Name: LEON, JOAQUIN R Name: LEON, JOAQUIN R

 Name:
 LEON, JOAQUIN A MR.
 Name:
 LEON, JOAQUIN R

 Address:
 P.O.BOX 565490
 Address:
 13324 S.W. 128TH PATH

 City-St-Zip:
 MIAMI, FL 33256
 City-St-Zip:
 MIAMI, FL 33186

Title: VP,D () Delete Title: VP (X) Change () Addition Name: CAVALIERI, OMAR E MR. Name: LEON, JOAQUIN A

 Name:
 CAVALIERI, OMAR E MR.
 Name:
 LEON, JOAQUIN A

 Address:
 P.O.BOX 565490
 Address:
 13324 S.W. 128TH PATH

 City-St-Zip:
 MIAMI, FL 33256
 City-St-Zip:
 MIAMI, FL 33186

Title: D () Delete Title: DIR (X) Change () Addition

 Name:
 ACOSTA, ALEJANDRO MR.
 Name:
 LEON, MARIA A

 Address:
 P.O.BOX 565490
 Address:
 13324 S.W. 128TH PATH

 City-St-Zip:
 MIAMI, FL 33256
 City-St-Zip:
 MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify 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: JOAQUIN R LEON P 05/18/2007