

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

02-14-2007 90059 045 \*\*\*150.00

DOCUMENT # P04000098463

1. Entity Name  
 MOUSE INVESTMENT, CORP.



40017180



Principal Place of Business  
 2520 CENTER GATE DRIVE  
 #105  
 MIRAMAR, FL 33025

Mailing Address  
 2520 CENTER GATE DRIVE  
 #105  
 MIRAMAR, FL 33025

2. Principal Place of Business - No P.O. Box #  
 8280 NW 27th Street  
 Suite Apt #, etc  
**Suite 505**  
 City & State  
**Miami FL 33122**  
 Zip Country

3. Mailing Address  
 8280 NW 27th Street  
 Suite, Apt #, etc  
**Suite 505**  
 City & State  
**Miami FL 33122**  
 Zip Country

01262007 Chg-P CR2E034 (12/06)

4. FEI Number  
 20-1317389

Applied For  
 Not Applied For

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ESTRADA, JUAN J  
 2520 CENTER GATE DRIVE #105  
 MIRAMAR, FL 33025

7. Name and Address of New Registered Agent  
 Name  
**Estrada, Juan J**  
 Street Address (P.O. Box Number, Street Address)  
**8280 NW 27th Street**  
**Suite 505**  
 City State Zip  
**Miami FL 33122**

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 (handwritten or typed name of registered agent and state 1 application) (NOTE: Registered agent signature is not required on filing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE DP	NAME GAITAN, MARIA CONSUELO STREET ADDRESS 2520 CENTER GATE DRIVE #105 CITY-STATE-ZIP MIRAMAR, FL 33025	TITLE DP	NAME Gaitan, Maria Consuelo STREET ADDRESS 8280 NW 27th Street Suite 505 CITY-STATE-ZIP Miami FL 33122
TITLE DST	NAME ESTRADA, JUAN J STREET ADDRESS 2520 CENTER GATE DRIVE #105 CITY-STATE-ZIP MIRAMAR, FL 33025	TITLE DST	NAME Estrada, Juan J STREET ADDRESS 8280 Nw 27th Street Suite 505 CITY-STATE-ZIP Miami FL 33122
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	TITLE	NAME
TITLE	NAME	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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR