2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 05, 2008 8:00 am Secretary of State DOCUMENT # P04000105433 05-05-2008 90256 007 ***150.00 MITAMOL INVESTMENTS INC Principal Place of Business Mailing Address 10817 INDIAN TRAIL 10817 INDIAN TRAIL US COOPER CITY, FL 33328 COOPER CITY, FL 33328 CR2E034 (11/05) 04282008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FÉI Number 20-1386433 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BELIARD, FRED DO NOT WRITE 10817 INDIAN TRAIL COOPER CITY, FL 33328 IN THIS SPACE 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 typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSTD** TITLE NAME BELIARD, FRED STREET ADDRESS 10817 INDIAN TRAIL COOPER CTIY, FL 33328 CITY-57-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 regeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Blook 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: ¥

SIGNATURE AND TY D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED