2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 08:00 AN Secretary of State

DOCUMENT # P04000120470 1. Entity Name MELUXURY INVESTMENT CORP.					Seci	etary or Stat
Principal Place 11103 NW 1 DORAL, FL		Mailing Address 11103 NW 71 TERRACE DORAL, FL 33178				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent					io Chg-P CR2 5	E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
FEINSTEIN, BRETT ESQ 407 LINCLON RD STE 2A MIAMI BEACH, FL 33139			DO NOT WRITE IN THIS SPACE			
8. The above named entity subrivits this staffement 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 driving name of registered agent and little if applicable (INOTE. Registered agent signature required when relaxating) DATE						
After M	E NOW!!! FEE IS \$150,00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		00 May Be ed to Fees		
ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF VP HERNANDEZ, CARLOS ANDRES 11103 NW 71 TERRACE MIAMI, FL 33178 D DAZA, ANGIE 11103 NW 71 TERRACE MIAMI, FL 33178	RECTORS			Un000073 05/10/07-80	6271 067-024 150.00
TRLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	39370H, 1 L 33370				OT WRIT	
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP						move — move the move
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby certify that the information supplied with this filling does help hualify for the exemptions contained in Chapter 179, Florida Statutes. I further certify that the information indicated on this report or supplemental peport is truly and accurate and that my signature shall have the same legal effect as if made under cash; that I am an officer or director of the corporation or the receiver or truly be empowared 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 impowered. SIGNATURE: 4/30/07 176/897-2785						
		TED NAME OF SIGNING OFFICER OR DIRECT	roit =	/ /	Date	Daytime Phone #