2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2008 08:00 AN Secretary of State DOCUMENT # P04000168631 1. Entity Name 10SW8810 INVESTMENTS, INC. Principal Place of Business Mailing Address 12900 SW 89TH COURT 12900 SW 89TH COURT MIAMI, FL 33176 MIAMI, FL 33176 CR2E034 (11/05) 01282008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2081374 Not Applicable \$8,75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134 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 Flonda. 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 U00000939593 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. MGRM TITLE NAME GARCIA, RONALD JR STREET ADDRESS 12900 SW 89TH ST. CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> KOL URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED