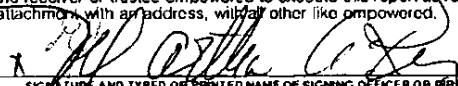


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 18, 2007 8:00 am
Secretary of State

05-07-2007 90055 050 ***150.00

DOCUMENT # P05000006437 1. Entity Name MALUPI INVESTMENTS INC.					
Principal Place of Business 736 NW 22 AVENUE MIAMI FL 33125 US			Mailing Address 736 NW 22 AVENUE MIAMI FL 33125 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2193667 ☐ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZORRILLA, JUAN C ESQ. 1401 BRICKELL AVENUE SUITE 570 MIAMI FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required whether handwritten)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 IN 11		
TITLE	NAME	STREET ADDRESS	CITY- ST- ZIP	TITLE	NAME
P	RUIZ, MARTHA A	289 NW 110 STREET	MIAMI FL 33168	☐ Delete	☐ Change ☐ Addition
S	RUIZ, ULYSSES M	289 NW 110 STREET	MIAMI FL 33168	☐ Delete	☐ Change ☐ Addition
				☐ Delete	☐ Change ☐ Addition
				☐ Delete	☐ Change ☐ Addition
				☐ Delete	☐ Change ☐ Addition
				☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, will or other like empowered.					
SIGNATURE: 			4/15/07 (305) 375-7979 Date Daytime Phone #		