

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90050 013 ***158.75

DOCUMENT # P05000037944					
1. Entity Name MIAMI TRUST INVESTMENT CORP					
Principal Place of Business 2170 SWEET GUM AVENUE PEMBROKE PINES, FL 33026			Mailing Address 2170 SWEET GUM AVENUE PEMBROKE PINES, FL 33026		
2. Principal Place of Business - No P.O. Box # 9500 N.W. 79th AVE Suite, Apt. #, etc. STE. 6			3. Mailing Address Suite, Apt. #, etc.		
City & State HIALEAH, FL			City & State		
Zip 33016			Country US		
6. Name and Address of Current Registered Agent LATIN AMERICAN ACCOUNTING SVCS INC 1800 WEST 49TH STREET 134 HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name <u>JUAN BELTRAN</u> Street Address (P.O. Box Number is Not Acceptable) <u>2170 SWEET GUM AVE</u> City <u>PEMBROKE PINES</u> <u>FL</u> Zip Code <u>33026</u>		
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 <u>[Signature]</u> <u>JUAN BELTRAN</u> <u>1/4/08</u> <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P <input type="checkbox"/> Delete BELTRAN, JUAN 2170 SWEET GUM AVE PEMBROKE PINES, FL 33026		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <u>JUAN BELTRAN</u> <u>1/4/08</u> <u>(786)262-2569</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *</small>					