

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047218

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: INVERSAT INVESTMENT CORP.

## Current Principal Place of Business:

135 GABLE BLVD  
WESTON, FL 33326 US

## New Principal Place of Business:

## Current Mailing Address:

135 GABLE BLVD  
WESTON, FL 33326 US

## New Mailing Address:

FEI Number: 20-2596415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KABA CONSULTING INC  
205 W WASHINGTON ST  
SUITE C  
MINNEOLA, FL 34715 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ANGARITA, LUIS F  
Address: CARRERA 1RA ESTE, NUMERO 7498 APT 203  
City-St-Zip: BOGOTA, CO 000000 CO

Title: VP ( ) Delete  
Name: ANGARITA, MARTHA L  
Address: CARRERA 1RA ESTE, NUMERO 7498 APT 203  
City-St-Zip: BOGOTA, CO 000000 CO

Title: O ( ) Delete  
Name: BLANCO, GUSTAVO  
Address: 135 GABLE BLVD  
City-St-Zip: WESTON, FL 33326 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS F. ANGARITA

P

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date