


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2007 8:00 am
Secretary of State

07-25-2007 90044 024 ***150.00

DOCUMENT # P05000082242 1. Entity Name LOOKYS INVESTMENT, CORP.			
Principal Place of Business 6316 SW 136 CT 202-G MIAMI, FL 33183		Mailing Address 6316 SW 136 CT 202-G MIAMI, FL 33183	
2. Principal Place of Business - No P.O. Box # <i>2500 NW 79 Ave #231</i>		3. Mailing Address <i>2500 NW 79 Ave #231</i>	
Suite, Apt. #, etc. <i>231</i>		Suite, Apt. #, etc. <i>231</i>	
City & State <i>Doral, FL</i>		City & State <i>Doral, FL</i>	
Zip <i>33122</i>		Zip <i>33122</i>	
Country		Country	
6. Name and Address of Current Registered Agent DUQUE, JORGE I 7964 SW 146 CT MIAMI, FL 33183		7. Name and Address of New Registered Agent Name <i>Duque, Jorge I.</i> Street Address (P.O. Box Number is Not Acceptable) <i>2500 NW 79 Ave #231</i> City <i>Doral</i> FL <i>33122</i>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVT NAME DUQUE, JORGE I STREET ADDRESS 7964 SW 146 CT CITY-ST-ZIP MIAMI, FL 33183	<input type="checkbox"/> Delete	TITLE <i>President</i> NAME <i>Duque, Jorge I.</i> STREET ADDRESS <i>2500 NW 79 Ave #231</i> CITY-ST-ZIP <i>Doral, FL 33122</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME DUQUE, VICTORIA A STREET ADDRESS 7964 SW 146 CT CITY-ST-ZIP MIAMI, FL 33183	<input type="checkbox"/> Delete	TITLE <i>Secretary</i> NAME <i>Duque, Victoria A.</i> STREET ADDRESS <i>2500 NW 79 Ave #231</i> CITY-ST-ZIP <i>Doral, FL 33122</i>	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <i>Vice president</i> NAME <i>Liedna Argelis</i> STREET ADDRESS <i>2500 NW 79 Ave #231</i> CITY-ST-ZIP <i>Doral, FL 33122</i>	<input type="checkbox"/> Change <input checked="" 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
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	