2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000113626

1. Entity Name

IMPROVE INVESTMENT CORP.



FILED Mar 01, 2007 08:00 A Secretary of State

Principal Place of Business

8249 N.W. 36 STREET

SUITE 120 MIAMI, FL 33166 Mailing Address

8249 N.W. 36 STREET

SUITE 120

MIAMI, FL 33166



DO NOT WRITE IN THIS SPACE

02272007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4309632

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

LOPEZ, JESUS E 8249 N.W. 36TH STREET SUITE # 120 DORAL, FL 33166

SIGNATURE: _

DO NOT WRITE 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 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 when reinstating) DATE					
FILE-NOWIIIFEE:IS:\$150.00 9. Election Campaign Financing Trust Fund Contribution.					
10.	OFFICERS AND DIREC	CTORS		<u> </u>	
HITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, JESUS E 8249 NW 36TH STREET # 120 DORAL, FL 33166				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	VD RUIZ, GISELLY 8249 NW 36TH STREET, SUITE 120 DORAL, FL 33166		Unanno651866 03/09/07-80023-016 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGALADO, MIRNA 8249 NW 36TH STREET, SUITE 120 DORAL, FL 33166		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANZOLA, JORGE 8249 NW 36TH STREET, SUITE 120 DORAL, FL 33166		IN ⁻	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			di di		
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.					

PROFED NAME OF SIGNING OFFICER OR DIRECTOR