


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # P05000113626 1. Entity Name IMPROVE INVESTMENT CORP.	
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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
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DO NOT WRITE IN THIS SPACE



03042008 No Chg-P CR2E034 (11/05)

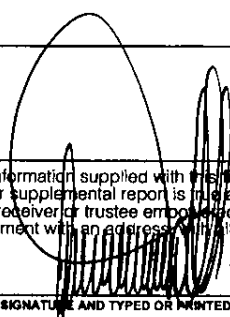
4. FEI Number 13-4309632	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOPEZ, JESUS E 8249 N.W. 36TH STREET SUITE # 120 DORAL, FL 33166
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate)</small>	DATE _____

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	U00000850585 03/25/08 00004 016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, JESUS E 8249 NW 36TH STREET # 120 DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUIZ, GISELLY 8249 NW 36TH STREET, SUITE 120 DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAGALADO, MIRNA 8249 NW 36TH STREET, SUITE 120 DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANZOLA, JORGE 8249 NW 36TH STREET, SUITE 120 DORAL, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: 	3/4/08 305-477-77-37
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>