

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113626

FILED  
Jan 28, 2009  
Secretary of State

Entity Name: IMPROVE INVESTMENT CORP.

## Current Principal Place of Business:

8249 N.W. 36 STREET  
SUITE 120  
MIAMI, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

8249 N.W. 36 STREET  
SUITE 120  
MIAMI, FL 33166

## New Mailing Address:

FEI Number: 13-4309632      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ, JESUS E  
8249 N.W. 36TH STREET  
SUITE # 120  
DORAL, FL 33166 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: PD ( ) Delete  
Name: LOPEZ, JESUS E  
Address: 8249 NW 36TH STREET # 120  
City-St-Zip: DORAL, FL 33166

Title: VD ( ) Delete  
Name: RUIZ, GISELLY  
Address: 8249 NW 36TH STREET, SUITE 120  
City-St-Zip: DORAL, FL 33166

Title: D ( ) Delete  
Name: RAGALADO, MIRNA  
Address: 8249 NW 36TH STREET, SUITE 120  
City-St-Zip: DORAL, FL 33166

Title: D ( ) Delete  
Name: ANZOLA, JORGE  
Address: 8249 NW 36TH STREET, SUITE 120  
City-St-Zip: DORAL, FL 33166

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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:

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

Title: AD ( ) Change (X) Addition  
Name: CIOFFI, ANTONIO  
Address: 8249 NW 36TH STREET, SUITE 120  
City-St-Zip: DORAL, FL 33166

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: ANTONIO CIOFFI

ADM

01/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date