## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 22, 2008 08:00 AN **Secretary of State** DOCUMENT # P05000113712-4. 1. Entity Name MUK INVESTMENT CORP. Mailing Address Principal Place of Business 601 BRICKELL KEY DRIVE SUITE 201 **601 BRICKELL KEY DRIVE SUITE 201** MIAMI, FL 33131 MIAM?, FL 33131 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3308290 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUTIERREZ, RENALDY J PA DO NOT WRITE 601 BRICKELL KEY DRIVE SUITE 201 MIAMI, FL 33131 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE URRUELA, MAURICIO NAME 601 BRICKELL KEY DRIVE SUITE 201 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP TITLE U00000791488 01/23/08-80075-022 150.00 DE URRUELA, SONIA NAME STREET ADDRESS 601 BRICKELL KEY DRIVE SUITE 201 MIAMI, FL 33131 CITY - ST - ZIP GUTIERREZ, RENALDY J NAME 601 BRICKELL KEY DRIVE SUITE 201 STREET ADDRESS DO NOT WRITE MIAMI, FL 33131 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby 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 of the receiver or truster 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 life/empowered.

SIGNATURE:

Rewalby SNING OFFICER OR DIRECTO

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