


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90022 007 ***150.00

DOCUMENT # P05000120367	
1. Entity Name MUCHOSLIBROS INC.	

Principal Place of Business 169 E. FLAGLER ST, SUITE 1620 MIAMI, FL 33131	Mailing Address 169 E. FLAGLER ST, SUITE 1620 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 1941 N.E. 147th TERRACE	3. Mailing Address 1941 N.E. 147th TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NORTH MIAMI, FLORIDA	City & State NORTH MIAMI, FLORIDA
Zip 33181	Country U.S.A.

01232008 Chg-P CR2E034 (12/06)

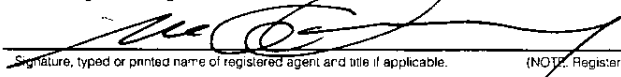
4. FEI Number 98-0466841	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GLINSKY, MICHAEL 169 E. FLAGLER ST, SUITE 1620 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name DE DUM, VICKY LEVY Street Address (P.O. Box Number is Not Acceptable) 1941 N.E. 147th TERRACE City NORTH MIAMI FL Zip Code 33181	
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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  DATE **01-23-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE DUM, VICKY L 169 E. FLAGLER ST SUITE 1620 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DUM, MARIAM 601 NORTHEAST 36TH STREET SUITE 1307 MIAMI, FL 33137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE DUM, VICKY LEVY 1941 N.E. 147th TERRACE NORTH MIAMI, FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:  DATE **01-23-08** (305) 692-1943 (786) 252-8401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR