

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000125538

FILED
Dec 20, 2007
Secretary of State**Entity Name:** MIC 21 INVESTMENTS, INC**Current Principal Place of Business:**15023 SW 90 STR
MIAMI, FL 33196**New Principal Place of Business:****Current Mailing Address:**15023 SW 90 STR
MIAMI, FL 33196**New Mailing Address:****FEI Number:** 55-0555375**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MENDOZA, MAURICIO
15023 SW 90 STR
MIAMI, FL 33196 US**Name and Address of New Registered Agent:**MENDOZA, NORBEY
15023 SW 90 STR
MIAMI, FL 33196 US

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: NORBEY MENDOZA

12/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAMBAUT, ISABEL
Address: 15023 SW 90 STR
City-St-Zip: MIAMI, FL 33196

Title: V (X) Delete
Name: MENDOZA, NORBEY
Address: 15023 SW 90 STR
City-St-Zip: MIAMI, FL 33196

Title: D (X) Delete
Name: MENDOZA, MAURICIO
Address: 15023 SW 90 STR
City-St-Zip: MIAMI, FL 33196

Title: D (X) Delete
Name: MENDOZA, CLAUDIA
Address: 15023 SW 90 STR
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MENDOZA, NORBEY
Address: 15023 SW 90 STR
City-St-Zip: MIAMI, FL 33196

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

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

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

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: NORBEY MENDOZA

P

12/20/2007

Electronic Signature of Signing Officer or Director

Date