2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 09, 2008 8:00 am Secretary of State DOCUMENT # P06000133164 05-09-2008 90005 048 ***150.00 1. Entity Name SERÚR INVESTMENTS CORP Principal Place of Business Mailing Address 13867 SW 62 TERRACE 13867 SW 62 TERRACE MIAMI, FL 33183 MIAMI, FL 33183 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04022008 City & State City & State 4. FEI Number Applied For 20-5764715 Not Applicable Zip Zìo Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARCIA, URSULA P Street Address (P.O. Box Number is Not Acceptable) 13867 SW 62 TERRACE MIAMI, FL 33183 Zip Code FL 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. Signature, typed or printed name of registered agent and little if applicable, (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. **PRES** ☐ Change Addition TITLE Delete TITLE GARCIA, URSULA P NAME NAME STREET ADDRESS 13867 SW 62 TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-ZIP SECT Addition TITLE ☐ Delete TITLE □ Change GARCIA, URSULA P NAME NAME STREET ADDRESS 13867 SW 62 TERRACE STREET ADDRESS CITY-ST-7IP MIAMI, FL 33183 CITY-ST-7IP VP TITLE Change Addition □ Deiete TITLE DEPAZ, SERGIO A NAME NAME 13867 SW 62 TERR STREET ADDRESS STREET ADDRESS MIAMI, FL 33183 CITY-ST-ZIP CITY-ST-ZIP Addition ____ TITLE Delete TITLE NAME NAM# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ___ ☐ Change TITLE ___ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Change ___ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 12. Thereby certify that the information supplied with this filling 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 empewered 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 attachhem with an extension with all other like empowered.

FILED