FILED Apr 10, 2008 8:00 am Secretary of State

2008 FO	ANNUAL	REPORT	UN
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ANNOAL REPORT					ary or St	uic
1. Entity Nam	MENT # P06000133 vestments, INC.	300		04-10-200	8 90021 044 ***150	0.00
Principal Plac	ce of Business	Mailing Address				
18350 SW 2	12 STREET	18350 SW 212 STREET		•		
MIAMI, FL 3	3187	MIAMI, FL 33187				
				CHRISTOL (1)	TIR: IIFRA IIIER IIIRA IIRII FRIN FRI	IETO II 1861
0.00	Ness of Dusieses No D.O. Poy #	2 Meiling Adelegas				
Z. Principai P	Place of Business - No P.O. Box #	3. Molling Address -	771467	P (888) 268 01 111 8 8 11 12 8 8 11 11 1	. BIBI IILBB 11188 11180 1811 1811 1811	18 BT 12 18 BT
Suite, Apt.	# etc	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		0000004 (40100)	
O0110, 1 1p1.				01072008 Chg-P	CR2E034 (12/06)	
City & Stat	te	City & State	Fla	4. FEI Number	Api	plied For
•		Minni,	1 a	41-2217280	Not	t Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add	
		2017 [3. Certificate of otalica Dealifed	Fee Required	<u> </u>
	6. Name and Address of Current	Registered Agent		7. Name and Address of New	Registered Agent	
			Name			
TABARES			Street Address	(P.O. Box Number is Not Accepta	ole)	
MIAMI, FL	/ 212 STREET					
IVIII-NIVII, I L	. 33167					
			City		Zip Code	
			'			
	e named entity submits this statement	the purpose of changing its re	gistered office or regist	ered agent, or both, in the State of	Florida. I am familiar with,	and accept
the obligat	tions of registered agent.	Lange ala	-1-0			
SIGNATURE.	salville /a	DUSUS PA	2 /08			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requi	red when reinstating)	DATE	
					,	
FIL	E NOW!!! FEE IS \$150.00	Election Campaign		5.00 May Be		
	ay 1, 2008 Fee will be \$550.	DD Trust Fund Contrib	oution. \square Ac	ided to Fees		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO O	FICERS AND DIRECTORS	3 IN 11
TITLE	PSD	Delete	TITLE		☐ Change	☐ Addition
NAME	TABARES, JOSE L		NAME			•
STREET ADDRESS	18350 SW 212 STREET		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33187		CITY-ST-ZIP			
TITLE	VTD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	TABARES, IRINA		NAME			
STREET ADDRESS	18350 SW 212 STREET		STREET ADORESS			
CITY-ST-ZIP	MIAMI, FL 33187		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition
3MAK			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		····	CITY-ST-ZIP			
TITLE		Delete	TITLE		Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY_CT_ZID						
CITY-\$T-ZIP		D	City-ST-ZIP		Change.	☐ Addition
TITLE		☐ Delete	HILE		☐ Change	Addition
TITLE NAME		☐ Delete	TITLE NAME		☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	HILE		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	and the state of a matter an adjust with	this filling does not qualify too	NAME STREET ADDRESS CITY-ST-ZIP	red in Chapter 119. Florida Statute	Lighter certify that the in	nformation
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby	certify that the information supplied will	n this filing does not qualify for	NAME STREET ADDRESS CITY-ST-ZIP The exemptions contain	ie same legal ellect as il mage undi	s. I funther certify that the ir	nformation or director
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby	certify that the information supplied will	n this filing does not qualify for	NAME STREET ADDRESS CITY-ST-ZIP The exemptions contain	ie same legal ellect as il mage undi	s. I funther certify that the ir	nformation or director
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby	and the state of a matter an adjust with	n this filing does not qualify for	NAME STREET ADDRESS CITY-ST-ZIP The exemptions contain	ie same legal effect as it made undi 507, Florida Statutes; and that my na	s. I further certify that the in er oath; that I am an officer ame appears in Block 10 or	nformation or director
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby	certify that the information supplied with don this report or supplemental report or proration or the receiver or trustee empty, or on an attachment with an address.	n this filing does not qualify for	NAME STREET ADDRESS CITY-ST-ZIP The exemptions contain	ie same legal ellect as il mage undi	s. I further certify that the in er oath; that I am an officer ame appears in Block 10 or	nformation or director