

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90043 001 ***450.00

DOCUMENT # P06000134152
 1. Entity Name
 MINT D.C.S.A. INVESTMENTS, INC.



Principal Place of Business Mailing Address
 407 LINCOLN ROAD 407 LINCOLN ROAD
 SUITE 502 SUITE 502
 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 407 LINCOLN RD 407 LINCOLN RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 PH-N PH-N

01082008 Chg-P CR2E034 (12/06)

City & State City & State
 MIAMI BEACH FL MIAMI BEACH FL

4. FEI Number Applied For
 APPLIED FOR Not Applicable

Zip Country Zip Country
 33139 33139 \$8.75 Additional Fee Required

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MURAI WALD BIONDO MORENO & BROCHIN PA
 TWO ALHAMBRA PLAZA
 PENTHOUSE 1B
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAVILAN, MIGUEL ANGEL A 407 LINCOLN ROAD, SUITE 502 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, ANGEL E 407 LINCOLN ROAD, SUITE 502 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDID, JOSE 848 BRICKELL AVENUE, SUITE 700 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GAVILAN, MIGUEL ANGEL A 407 LINCOLN ROAD, SUITE 502 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS TORRES, ANGEL E 407 LINCOLN ROAD, SUITE 502 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS ARDID, JOSE 848 BRICKELL AVENUE, SUITE 700 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 407 LINCOLN RD PH-N
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 407 LINCOLN RD PH-N
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 407 LINCOLN RD PH-N
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 407 LINCOLN RD. PH-N
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: ANGEL E. TORRES 2/11/08 (305)672 0805
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #