FILED 2008 FOR PROFIT CORPORATION May 02, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P06000136126** 1. Entity Name F.A. JOINT INVESTMENT VENTURE INC Mailing Address Principal Place of Business 13106 SW 190TH ST 13106 SW 190TH ST MIAMI, FL 33177 US MIAMI, FL 33177 US CR2E034 (11/05) No Chg-P 04302008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 20-5787572 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE NOGAREDA, FRANCISCO 3145 VILLAGE GREEN DR MIAMI, FL FL IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstating) U00000943564 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 05/29/08~80064-009 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NOGAREDA, FRANCISCO NAME 3145 VILLAGE GREEN DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 VP/D TITLE HERNANDEZ, ALEJANDRO NAME 4701 SW 132ND AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 TITLE NOGAREDA, ANA V NAME 3145 VILLAGE GREEN DRIVE STREET ADDRESS DO NOT WRITE MIAMI, FL 33175 CITY-ST-ZIP IN THIS SPACE TITI F TD HERNANDEZ, LUISA M NAME 4701 SW 132ND AVE STREET ADDRESS MIAMI, FL 33175 CITY-ST-ZIP TITLE NAME STREET ADORESS CITY - ST - ZIP

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 empoyered 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.

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #