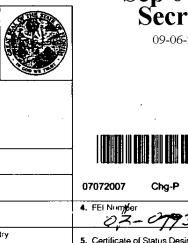
## 2007 FOR PROFIT CORPORATION ANNUAL REPORT



## FILED Sep 06, 2007 8:00 am

DOCUMENT # P06000149480  1. Entity Name E.K.U.L. INVESTMENTS CORP						9-06-2007 90008 020 ***150.00				
Principal Plac 19773 NW 5 MIAMI, FL 3	2 PLACE	s	Mailing Address 19773 NW 52 PLACE MIAMI, FL 33055				ediko ban edili dam bem	1) PRI STEF IN 11	1 1 <b>6</b> 111 <b>68</b> 1	(421 II <u>1</u> 221
Principal Place of Business - No P.O. Box #     3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07072007 Chg-P CR2E034 (12/06)				
City & State			City & State			4. FEI Number	-07932	<b></b> √		plied For t Applicable
Zip	Country		Zip			l	of Status Desired	Fee F	<b>5</b> Add lequired	
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name					
FIGUEROA, SANTIAGO 19773 NW 52 PLACE MIAMI, FL 33055					Street Address (P.O. Box Number is Not Acceptable)					
					City FL Zip Code					
	named entitions of regist		or the purpose of changing its	register	L ed office or register	red agent, or bot	h, in the State of Flo		r with,	and accept
SIGNATORIE	Signature, typed	or printed name of registered agen	Land title if applicable. (NO)	E: Registere	d Agent signature required	d when reinstating)		DATE		
		! FEE IS \$150.00 ptember.14, 2007	9. Election Campa Trust Fund Con		.00 May Be led to Fees	In accordance w	vith s. 607.193( not receive the	2)(b), l prior n	F.S., the lotice.	
10.	OFFICERS AND DIRECTORS					ADDITIONS/	CHANGES TO OFF	CERS AND DIRE	CTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DA, SANTIAGO V 52 PLACE L 33055	☐ Delete		1			c	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		I				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1	-		c	change	Addition
NAME STREET ADDRESS CITY-ST_ZIP			☐ Delete					c	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					C	change	Addition
indicated of the cor	on this repo poration or ti	rt or supplemental report i he receiver or trustee emp	h this filing does not qualify for s true and accurate and that is sowered to execute this report with all other like empowered	my signa I as requi	ture shall have the	same lenal effec	t as if made under o	oth: that I am an	officer	ar director