

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000013941

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: MUM INVESTMENT CORP.

**Current Principal Place of Business:**

15982 SW 143 LN  
MIAMI, FL 33196

**New Principal Place of Business:**

**Current Mailing Address:**

15982 SW 143 LN  
MIAMI, FL 33196

**New Mailing Address:**

FEI Number: 20-8356221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIGLIORELLI, MARIO  
15982 SW 143 LN  
MIAMI, FL 33196 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MIGLIORELLI, MARIO  
Address: 15982 SW 143 LN  
City-St-Zip: MIAMI, FL 33196

Title: VPD ( ) Delete  
Name: MIGLIORELLI, SARA  
Address: 15982 SW 143 LN  
City-St-Zip: MIAMI, FL 33196

Title: TD ( ) Delete  
Name: MIGLIORELLI, MORELLA  
Address: 15982 SW 143 LN  
City-St-Zip: MIAMI, FL 33196

Title: SD ( ) Delete  
Name: MIGLIORELLI, MILENA  
Address: 15982 SW 143 LN  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILENA MIGLIORELLI

VP

01/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date