
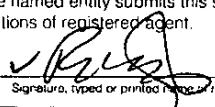
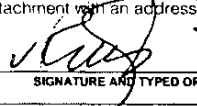


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90216 044 ***150.00

DOCUMENT # P07000018864 1. Entity Name B & 19 INVESTMENT CORPORATION																																			
Principal Place of Business 16393 SW 14 STREET PEMBROKE PINES, FL 33027		Mailing Address 16393 SW 14 STREET PEMBROKE PINES, FL 33027																																	
2. Principal Place of Business - No P.O. Box # 1800 S Ocean Drive Suite, Apt. #, etc. # 2101		3. Mailing Address 1800 S Ocean Drive Suite, Apt. #, etc. # 2101																																	
City & State HALLANDALE BEACH, FL		City & State HALLANDALE BEACH, FL																																	
Zip 33009	Country US	Zip 33009	Country US																																
4. FEI Number 51-0623786		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent DE ARMAS, ROBERTO M 16393 SW 14 STREET PEMBROKE PINES, FL 33027		7. Name and Address of New Registered Agent Name ROBERTO M. DE ARMAS Street Address (P.O. Box Number is Not Acceptable) 1800 S Ocean Drive # 2101 City HALLANDALE BEACH FL Zip Code 33009																																	
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  ROBERTO M. DE ARMAS President 4/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> P DE ARMAS, ROBERTO M 16393 SW 14 STREET PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE ARMAS, ROBERTO M 16393 SW 14 STREET PEMBROKE PINES, FL 33027 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 S Ocean Drive #2101 HALLANDALE BEACH, FL 33009 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1800 S Ocean Drive #2101 HALLANDALE BEACH, FL 33009														
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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:  ROBERTO M. DE ARMAS - President 4/28/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			