2008 FOR PROFIT CORPORATION ANNUAL REPORT

05-05-2008 90251 037 ***150.00 **DOCUMENT # P07000102975** MOREIRA GROUP INVESTMENTS, INC. Mailing Address Principal Place of Business 141 NE 3RD AVENUE STE 406 141 NE 3RD AVENUE STE 406 MIAMI, FL 33132 MIAMI, FL 33132 66013135 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292008 CR2E034 (12/06) Cha-P 4. FEL Number 26-1091554. City & State City & State Applied For Net Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOREIRA, MARCOS Street Address (P.O. Box Number is Not Acceptable) 141 NE 3RD AVENUE STE 406 MIAMI, FL 33132 City 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 Again signature required when remaking) 9. Election Campaign Financing \$5.00 мау Во FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTURS IN 11 11. TITLE ☐ Delete HILE ☐ Change ☐ Addition MOREIRA, MARCOS NAME NAME 141 NE 3RD AVENUE STE 406 STREET ADDRESS STREET ADDRESS MIAMI, FL 33132 COY-SI-70 CITY-SI-ZIP Detate ☐ Addition TITLE NAME NAME STREET ACCORESS STREET ADDRESS CITY-ST-24P CITY-ST-ZIP Delete HILE" IIILE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete ☐ Change ☐ Addition TITE F TOTLE NAME NASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11 Y-S1-712 MLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STAFEET ADDRESS CITY-ST-ZP aty-st-zip ☐ Change ☐ Addition JITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CIFY-ST-ZIP CITY-\$1-70 12. I hereby certify that the information supplied with this filling 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. 04-30-2008 SIGNATURE: _&

FILED

Jun 04, 2008 8:00 am Secretary of State