

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000118005

**FILED**  
**May 02, 2008**  
**Secretary of State****Entity Name:** CACERES INVESTMENTS CORP.**Current Principal Place of Business:**5045 SW 154 PL.  
MIAMI, FL 33185**New Principal Place of Business:****Current Mailing Address:**PO BOX 941926  
MIAMI, FL 33194**New Mailing Address:****FEI Number:** 26-1310803**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CACERES, NEVILLE  
5045 SW 154 PLACE  
MIAMI, FL 33185 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**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** CACERES, NEVILLE  
**Address:** 5045 SW 154 PLACE  
**City-St-Zip:** MIAMI, FL 33185**Title:** VP (X) Delete  
**Name:** AJURIA, LUISA  
**Address:** 5045 SW 154 PLACE  
**City-St-Zip:** MIAMI, FL 33185**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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: NEVILLE CACERES

P

05/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date