2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000010414

MIAMI, FL 33142

ROJAS, CAROLINA

MIAMI, FL 33142

2225 N.W. 25TH AVENUE

() Delete

VTD

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

Entity Name: PONTEVEDRA INVESTMENT HOLDINGS. INC

FILED Jan 24, 2008 Secretary of State

That I divide the control of the con						
Current Principal Place of Business:				New Principal Place of Business:		
2225 N.W. MIAMI, FL	25TH AVENUI 33142	Ē				
Current Mailing Address:				New Mailing Address:		
150 WEST SUITE 2200 MIAMI, FL				C/O SHARON DIXON, SUITE 2200 MIAMI, FL 33130	150 WEST FLAGLER ST.	
FEI Number:	65-0397724	FEI Number Applied For ()	FEI Num	ber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
DIXON, SHARON Q 150 WEST FLAGLER STREET,STE 2200 MIAMI, FL 33130 US				DIXON, SHARON Q 150 WEST FLAGLER STREET SUITE 2200 MIAMI, FL 33130 US		
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: SHARON Q. DIXON				01/24/2008		
	Electroni	c Signature of Registered Age	ent		Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () FONTELA, ALBE 2225 N.W. 25TH MIAMI, FL 3314	I AVENUE		Title: (Name: Address: City-St-Zip:)Change ()Addition	
Title: Name: Address:	VSD () FONTELA, ALBE 2225 N.W. 25TH			Title: (Name: Address:) Change ()Addition	

City-St-Zip:

Title:

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: ALBERTO F. FONTELA P 01/24/2008

() Change () Addition