


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90195 036 ***150.00

DOCUMENT # P94000029306 1. Entity Name SNOWFLAKE INVESTMENTS, INC.	
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Principal Place of Business 7231 SW 63RD AVE SUITE 200 MIAMI, FL 33143 US	Mailing Address 7231 SW 63RD AVE SUITE 200 MIAMI, FL 33143 US
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DO NOT WRITE IN THIS SPACE



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0487034	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BRU, RAFAEL I
7231 SW 63RD AVE
SUITE 200
MIAMI, FL 33143

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ASD
NAME	BRU, RAFAEL I
STREET ADDRESS	7231 SW 63RD AVE SUITE 200
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	PD
NAME	MOREIRA, DOMINGO R.
STREET ADDRESS	7231 SW 63RD AVE SUITE 200
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	VD
NAME	ALONSO, LUIS
STREET ADDRESS	7231 SW 63RD AVE SUITE 200
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	TD
NAME	MOREIRA, ANA MARIE
STREET ADDRESS	7231 SW 63RD AVE. STE. 200
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #