2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

if changed, or on an attachny

SIGNATURE AND TYPED OR PRINTED NAM

SIGNATURE:

FILED Mar 24, 2008 08:00 A DOCUMENT # P94000081444 Secretary of State 1. Entity Name DEL REY INVESTMENT CORP. Principal Place of Business Mailing Address 321 E. 6TH STREET 11322 NW 65 STREET HIPLOPH FL 33010 **MIAMI FL 33178** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 65-0570427 Not Apolicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEL REY, OSWALDO Street Address (P.O. Box Number is Not Acceptable) 8210 SW 2ND ST **MIAMI FL 33144** 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 Signature, typed or printed pame of registrood agent and site if shall cable. (NOTE: Registered Agent's granture required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLÉ Change Defete TITLE Addition | DEL REY, OSWALDO NAME U00000888910 STREET ADDRESS 8210 SW 2ND ST STREET ADDRESS 04/08/08-80049-004 150.00 CITY+ST-7/2 MIAMI FL 33144 CITY-ST-ZIP TITLE DS ☐ Derete TITLE ☐ Change Addition DEL REY, OLGA NAME MAM STREET ADDRESS 8210 SW 2ND ST STREFT ADDRESS CITY-ST-712 **MIAMI FL 33144** CHY-ST-ZIP HILLE Delete Change ☐ Addition NAME DEL REY, OSVALDO NAME STREET ADORESS 8210 SW 2ND ST STREE! AUDRESS CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-ZIP D۷ TITLE ☐ De¹ete THE Change ☐ Addition DEL REY, CARLOS NAME NAME STREET ADDRESS 8210 SW 2ND ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33144** CITY-ST-ZIP TITLE ☐ Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 except 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.

- OSWALDO DE! Ray