2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000017320

Current Principal Place of Business:

Entity Name: BILBAO INVESTMENT GROUP, INC.

FILED Apr 17, 2009 Secretary of State

6745 GADWALL LANE ORLANDO, FL 32810

Current Mailing Address: New Mailing Address:

6745 GADWALL LANE ORLANDO, FL 32810

FEI Number: 65-0563172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ACOSTA, OTTO 6745 GADWALL LN ORLANDO, FL 32810 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

Title: PSD () Delete Title: () Change () Addition Name: ACOSTA, JOEL Name:

 Name:
 ACOSTA, JOEL
 Name:

 Address:
 2330 BEACHWOOD BLVD
 Address:

 City-St-Zip:
 HOLLYWOOD, CA 90068
 City-St-Zip:

Title: VTD () Delete Title: () Change () Addition

 Name:
 ACOSTA, IDOLIDIA
 Name:

 Address:
 6790 W 6TH CT.20 ST.
 Address:

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:

Title: VTD () Delete Title: () Change () Addition

 Name:
 ACOSTA, IDOLDIA
 Name:

 Address:
 6790 W 6TH CT 20 ST.
 Address:

 City-St-Zip:
 HIALEAH, FL 33012
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 ACOSTA, MONICA
 Name:

 Address:
 25650 FRISTH ST.
 Address:

 City-St-Zip:
 LAND OF LAKE, FL 32639
 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: JOEL ACOSTA PRE 04/17/2009