


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 12, 2008 08:00 AM
Secretary of State**

DOCUMENT # P95000017583 1. Entity Name INCA INVESTMENTS, INC.	
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Principal Place of Business 11999 S.W. 248TH STREET MIAMI, FL 33032	Mailing Address 11999 S.W. 248TH STREET MIAMI, FL 33032
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DO NOT WRITE IN THIS SPACE



05062008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0660687	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STARKMAN, MARK
1500 SAN REMO AVE
SUITE 125
CORAL GABLES, FL 33146**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**U000000950968
06/04/08-80014-002 150.00**

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD ALEJO, ABRAHAM C 11999 S.W. 248TH STREET MIAMI, FL 33032
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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 a power of attorney, or other like empowered.

SIGNATURE: Manuel **4/27/08 305-258-6040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #