

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

**DOCUMENT # P95000017583**  
 1. Entity Name  
**INCA INVESTMENTS, INC.**



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 Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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.

U00000950968  
 06/04/08-80014-002 150.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$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.

**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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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 other like empowered.

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