


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90026 034 ***150.00

DOCUMENT # P95000020858					
1. Entity Name SUDAMERIS INVESTMENT CORP.					
Principal Place of Business 5607 OLD WINTER GARDEN RD. ORLANDO, FL 32811			Mailing Address 8709 BLACK CREEK BLVD. ORLANDO, FL 32829		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOLINA, JULIO 8709 BLACK CREEK BLVD. ORLANDO, FL 32829				Name <i>Martinez, Horacio E</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>5607 Old Winter Garden Rd</i>	
				City <i>Orlando</i>	
				State FL	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE <i>[Signature]</i>				DATE <i>03/11/08</i>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, HORACIO E		NAME		
STREET ADDRESS	C/O 8709 BLACK CREEK BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32829		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE MARTINEZ, OLGA B		NAME		
STREET ADDRESS	C/O 8709 BLACK CREEK BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32829		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 of 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: <i>[Signature]</i>				Date: <i>03/11/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <i>(407) 253-7979</i>	