FILED
Feb 25, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000045959

1. Entity Name
JOTA INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1320 S DIXIE HWY SIXTH FLOOR CORAL GABLES, FL 33146 US	1320 S DIXIE HWY SIXTH FLOOR CORAL GABLES, FL 33146 US

DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E094 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, ROSARIO P
1320 S DIXIE HIGHWAY
SIXTH FLOOR
CORAL GABLES, FL 33146

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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)

FILE NUMBER FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

000000840723
03/07/08-80003-005 300.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DI MASE, JULIAN
STREET ADDRESS	1320 S DIXIE HIGHWAY, SIXTH FLOOR
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: Julian D. Mase, President 2/21/08 305 668-5100
Signature and Typed or Printed Name of Individual and Capacity/Position Date Daytime Phone #