2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000072356

City-St-Zip:

KEY BISCAYNE, FL 33149

Entity Name: HUNCAL INVESTMENTS, INC

FILED Feb 08, 2007 Secretary of State

Littly Na	me. HONCAL	INVESTIMENTS, INC.			
Current P	rincipal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
901 PONCE DE LEON BLVD.					
SUITE 501 CORAL GABLES, FL 33134					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
SUITE 501	DE DE LEON B 1 ABLES, FL 33				
FEI Number: 65-1018248 FEI Number Applied For ()			FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
IRIONDO, ANDRES J 901 PONCE DE LEON BLVD. SUITE 501 CORAL GABLES, FL 33134 US			7490 WEST FLAGLER	FERNANDEZ-BERGNES & ASSOC PA 7490 WEST FLAGLER STREET MIAMI, FL 33144 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE: ANGEL I	FERNANDEZ		02/08/2007	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (HUNCAL, MAR P.O.BOX 773 KEY BISCAYN		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (HUNCAL DE P P.O.BOX 773 KEY BISCAYN		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VPD (HUNCAL, ROB P.O.BOX 773) Delete ERTO	Title: (Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: MARIA HUNCAL P 02/08/2007