

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P98000066693**

1. Entity Name  
**MOTEMP INVESTMENTS, INC.**



**Principal Place of Business**

**8360 WEST FLAGLER ST  
200  
MIAMI, FL 33144 US**

**Mailing Address**

**8360 WEST FLAGLER ST  
200  
MIAMI, FL 33144 US**

**FILED**  
**Jul 28, 2008 08:00 AM**  
**Secretary of State**



07232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0876639</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PEREZ-CERVERA, AGUSTIN  
2100 PONCE DE LEON BLVD., #600  
CORAL GABLES, FL 33134**

**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.

000000956533  
07/28/08-80007-017 150.00

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(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	<b>D</b>
NAME	<b>MONES, HERNAN E</b>
STREET ADDRESS	<b>8360 WEST FLAGLER ST #200</b>
CITY-ST- ZIP	<b>MIAMI, FL 33144</b>
TITLE	<b>D</b>
NAME	<b>TEMPONE, GRACIELA M</b>
STREET ADDRESS	<b>8360 WEST FLAGLER ST #200</b>
CITY-ST- ZIP	<b>MIAMI, FL 33144</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

**DO NOT WRITE  
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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/08 (305) 204-7229