

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90054 036 \*\*\*150.00

<b>DOCUMENT # P99000007021</b> 1. Entity Name <b>SERRALTA INVESTMENTS, INC.</b>																											
Principal Place of Business <b>14160 PALMETTO FRONTAGE ROAD</b> <b>22</b> <b>MIAMI LAKES, FL 33016</b>		Mailing Address <b>14160 PALMETTO FRONTAGE ROAD</b> <b>22</b> <b>MIAMI LAKES, FL 33016</b>																									
2. Principal Place of Business - No P.O. Box # <b>5001 SW 74 CT.</b>		3. Mailing Address <b>5001 SW 74 CT.</b>																									
Suite, Apt. #, etc. <b>201</b>		Suite, Apt. #, etc. <b>201</b>																									
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>																									
Zip <b>33155</b>		Zip <b>33155</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
6. Name and Address of Current Registered Agent  <b>SERRALTA, IGNACIO</b> <b>14160 PALMETTO FRONTAGE ROAD</b> <b>22</b> <b>MIAMI LAKES, FL 33016</b>		7. Name and Address of New Registered Agent Name <b>SERRALTA, IGNACIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>5001 SW 74 CT.</b> <b>SUITE 201</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33155</b>																									
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: <b>IGNACIO SERRALTA, DIR. 2/20/08</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">SERRALTA, IGNACIO</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">14160 PALMETTO FRONTAGE ROAD, 22</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI LAKES, FL 33016</td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	SERRALTA, IGNACIO		STREET ADDRESS	14160 PALMETTO FRONTAGE ROAD, 22		CITY-ST-ZIP	MIAMI LAKES, FL 33016		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">SERRALTA, IGNACIO</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">5001 SW 74 CT., SUITE 201</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33155</td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SERRALTA, IGNACIO		STREET ADDRESS	5001 SW 74 CT., SUITE 201		CITY-ST-ZIP	MIAMI, FL 33155	
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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 all other like empowered.																											
SIGNATURE:		<b>IGNACIO SERRALTA, DIR. 2/20/08</b>																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																									

(305)  
662-  
8887