## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 8:00 am Secretary of State

PROCINE PROC of Business No P.O. Box # 3. Mailing Address   BOX WIP 25 STREET   MAMIL, FL 33150   MAMI	DOCUMENT # P9900050738  1. Entity Name I.V.J. INVESTMENTS, INC.						05-02-2008	_	30 ***15	0.00	
800 NW 72 STREET MAMN, FL 33150  2. Principal Place of Business - No P.O. Box # 3. Mailing Address  Suss. Apr. #. etc.	Principal Place of Business Mailing Address				· • • •	-					
Sulles ADL #, 60C.  City & State  City & State  City & State  Country  To Country  S. Certificate of Satus Desired   Satus Desired   Satus Desired   Satus Address of New Registered Agent    To Name and Address of New Registered Agent   Satus Address of New Registered Agent    ZAMBRANO, MONICAL   Street Address of New Registered Agent   Street Address of New Registered Agent    ZAMBRANO, MONICAL   Street Address of New Registered Agent   Street Address of New Registered Agent    City   FL   Zo Code    B. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I sen ternilar with, and accept the obligations of registered agent.  SIGNATURE   City   FL   Zo Code    B. The ADDRESS of Florida   State of Florida    B. City   FL   Zo Code    B. The ADDRESS of Florida   State of Flori	800 NW 72 STREET		800 NW 72 STREET								
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City & State  City & Status Desired	Principal Place of Business - No P.O. Box # 3. Mailing Address										
No. Applicable   Street Address of Current Registered Agent   S. Conflictus of Satus Desired   S.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		0424	42008	Chg-P	CR2E03	4 (12/06)		
S. Certificate of Status Desired   Fee Required   F	City & State		City & State		I .		339		<del></del>		
Ammen No. MoNICA L 800 NW 72 STREET MIAMI, FL 33150    City   FL   Zip Code	Zip	Country	Zip	Country	5. Ce	ertificate of	Status Desired				
AMBRANO, MONICA L 800 NW 72 STREET MIAMI, FL 33150  City FL Zip Code  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 Rorda. I am temiliar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS . 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  PSD  CAMBRANO, MONICA L  SIREL MORESS  CITY S1-2P  TILE  MAKE  SIREL MORESS  CITY S1-2P  TILE  MAKE  SIREL MORESS  CITY S1-2P  TILE  Delete  TILE  Delete  TILE  Delete  TILE  Delete  TILE  Delete  TILE  MAKE  SIREL MORESS  CITY S1-2P  TILE  Delete  TILE  Delete  TILE  MAKE  SIREL MORESS  CITY S1-2P  TILE  Delete  TILE  MAKE  SIREL MORESS  CITY S1-2P  TILE  MAKE  SIREL MORE		·····	legistered Agent	Nome	7. Na	me and A	ddress of New R	egistered A	gent	- F. 7- 8	
Sireet Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code									`		
B. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature:    Signature:   Sprature, hose or private dayer and little if applicable.   (NOTE: Registered Agent sprature required when remaining)   CATE	800 NW 72 STREET			Street A	Street Address (P.O. Box Number is Not Acceptable)						
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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 adverse, with all other like empowered.

GNATURE:

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