

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90085 012 ***158.75

DOCUMENT # P99000051106 1. Entity Name MIGHTY INVESTMENT INC.	
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Principal Place of Business 5805 BLUE LAGOON DRIVE STE 300 MIAMI, FL 33126	Mailing Address 5805 BLUE LAGOON DRIVE STE 300 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0925050	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VIGO, LADISLAO 380 N.W. 58 CT. MIAMI, FL 33126
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**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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VIGO, LUIS A 380 N.W. 58TH ST MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD VIGO, JORGE A 380 N.W. 58TH ST MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VIGO, DAISY A 380 N.W. 58TH ST MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VIGO, LADISLAO 380 N.W. 58TH ST MIAMI, FL 33126
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]* TREASURER **04-10-07** **(305) 266-1812**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #