2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101543

Entity Name: MLG INVESTMENT CORPORATION

FILED Jan 09, 2008 Secretary of State

Thirty Name: Wile HVVESTMENT GOTO GIOVINGIN						
Current Principal Place of Business:				New Principal Place of Business:		
600 BILTMORE WAY, UNIT 1101 CORAL GABLES, FL 33134				600 BILTMORE WAY 1101 CORAL GABLES, FL 33134		
Current Mailing Address:				New Mailing Address:		
1500 SAN REMO AVENUE #125 CORAL GABLES, FL 33146				600 BILTMORE WAY 1101 CORAL GABLES, FL 33134		
FEI Number:	65-1137733	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ATRIUM REGISTERED AGENTS, INC 1500 SAN REMO AVE STE 125 CORAL GABLES, FL 33146 US				GIL LOPEZ, ANIBAL E. D 600 BILTMORE WAY 1101 CORAL GABLES, FL 33134 US		
	named entity e of Florida.	submits this statement for the p	urpose o	f changing it	s registered	d office or registered agent, or both,
SIGNATURE: ANIBAL ESTEBAN GIL LOPEZ				01/09/2008		
	Electro	nic Signature of Registered Age	nt			Date
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GIL LOPEZ, JA) Delete AVIER ADOLFO E WAY, UNIT 1101 ES, FL 33134		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	GIL LOPEZ, JO	E WAY, UNIT 1101		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	GIL LOPEZ, AI) Delete NIBAL ESTEBAN E WAY, UNIT 1101 ES, FL 33134		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address:	LOPEZ DE GII) Delete -, MARLENE E WAY UNIT 1101		Title: Name: Address:		(X) Change()Addition GIL, MARLENY PRE WAY UNIT 1101

I hereby certify that the information supplied with this filing does not qualify 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: ANIBAL ESTEBAN GIL LOPEZ D 01/09/2008

CORAL GABLES, FL 33134

City-St-Zip:

CORAL GABLES, FL 33134