2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000109101 03-14-2007 90023 034 ***150.00 1. Entity Name INVESTUS CORP. Mailing Address Principal Place of Business 40035191 717 PONCE DE LEON BLVD STE 234 717 PONCE DE LEON BLVD STE 234 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2310 Country Club Prado Same Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03042007 Chg-P City & State 4. FEI Number Applied For City & State Coral Gables, $_{ m FL}$ 65-0994892 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33134 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FABRE, FRANK R.S. ESQ FABRE, FRANK R.S. ESQ Street Address (P.O. Box Number is Not Acceptable) 6745 SW 132ND AVE 304 MIAMI, FL 33183-2387 2310 Country Club Prado Coral Gables 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 repetation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP ☐ Delete TITLE ☐ Change ☐ Addition TITLE LLANO, MARIA T NAME NAME 13045 SW 68ST APT 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-ZIP D۷ ☐ Delete □ Change ☐ Addition TITLE TITLE CASO, JUAN J NAME NAME STREET ADDRESS 13045 SW 68ST APT 101 STREET ADDRESS MIAMI, FL 33183 CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE CASO, ALFONSO NAME NAME 13045 SW 68ST APT 101 STREET ADDRESS STREET ADDRESS MIAMI, FL 33183 CITY-ST-ZIP CITY - ST-ZIP **X**Change Delete TITLE ☐ Addition TITLE FABRE, FRANK R.S. FABRE, FRANK R.S. NAME NAME 2310 Country Club Prado STREET ADDRESS 717 PONCE DE LEON BLVD STE 234 STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-ZIP Coral Gables, FL 33134 ☐ Delete TITI F ☐ Change Addition TITLE MOYA, ARMANDO NAME NAME STREET ADDRESS STREET ADDRESS 6745 SW 132ND AVE 304 CITY-ST-7IP MIAMI, FL 331832387 CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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. 3/12/07 305-264-1021 Frank R.S. Fabre Secretary SIGNATURE: NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 14, 2007 8:00 am

Secretary of State