2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P99000109101

1. Entity Name
INVESTUS CORP.

Principal Place of Business	Mailing Address
2310 COUNTRY CLUB PRADO CORAL GABLES, FL 33134	2310 COUNTRY CLUB PRADO CORAL GABLES, FL 33134

04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0994892
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FABRE, FRANK R.S. ESQ
2310 COUNTRY CLUB PRADO
CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LLANO, MARIA T
STREET ADDRESS	13045 SW 68ST APT 101
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	DV
NAME	CASO, JUAN J
STREET ADDRESS	13045 SW 68ST APT 101
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	V
NAME	CASO, ALFONSO
STREET ADDRESS	13045 SW 68ST APT 101
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	S
NAME	FABRE, FRANK R.S.
STREET ADDRESS	2310 COUNTRY CLUB PRADO
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V
NAME	MOYA, ARMANDO
STREET ADDRESS	6745 SW 132ND AVE 304
CITY-ST-ZIP	MIAMI, FL 331832387
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000512159
05/07/08-80071-020 150.00

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: _____ 4/17/08 3052641021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #