2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 19, 2007 8:00 am **Secretary of State DOCUMENT #V66493** 01-19-2007 90020 036 ***150.00 ALGHERO INVESTMENTS, INC. Principal Place of Business Mailing Address 1670 N W94TH AVENUE ONE SE 3RD AVE ეცცცილია 28TH FLOOR MIAMI, FL 33172 US MIAMI, FL 33131 US Placer of Business - No P.O. Ar 01162007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For 65-0364874 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RMEN DEL DAGO, CARMEN 1670 NW 94TH AVENUE MIAMI, FL 33172-2836 8. The above named entity submits this statem charging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept of registered agent. red Adept signature required when constating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS IME ☐ Delete TITLE Change Addition Del Dago, Rosa 999 Brickell Bay Rosa NAME DAGO DEL, ROSA NAME Drive, Stet 1010 STREET ADDRESS ONE SE 3RD AVE, 28TH FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-7IP Hiami, FL DVT Change Addition TITLE ☐ Delete TITLE Xel Dago, Carme DAGO DEL, CARMEN NAME NAME Drive, Station STREET ADDRESS ONE SE 3RD AVE. 28TH FLOOR STREET ADDRESS CITY-ST-ZIP MAIMI, FL 33131 CITY-ST-ZIP THIF Delete Machange ☐ Addition TITLE MANUEL DAGO DEL, MANUEL Brickell Bay Drive, Ste NAME NAME ONE SE 3RD AVE, 28TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the receiver or trustee empowered tolexecute this retipint as required by Chapter 607, Florida Statutes; and that my trame appears in Block 10 or Block 11 if changed, or on any attacking with an address, with all other like empowered. **SIGNATURE**

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