


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000004140**  
 1. Entity Name  
**E.G.L. INVESTMENT CORPORATION**



Principal Place of Business  
**2401 N.W. 65 STREET  
 PO BOX 70567  
 SEATTLE, WA 98107**

Mailing Address  
**2401 N.W. 65 STREET  
 PO BOX 70567  
 SEATTLE, WA 98107**

**DO NOT WRITE IN THIS SPACE**



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**91-0941221** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MARBIN, EVAN R ESQ.  
 48 EAST FLAGLER STREET, PH-104  
 MIAMI, FL 33131**

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

**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**

U00000847758  
 03/19/08-80032-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KRUMINS, VISVALDIS 2901 S BAYSHORE DR APT 1B MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BRIEDIS, IVARS 1121 N.E. 86 STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD BRIEDIS, HELENA 1121 N.E. 86 STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: IVARS BRIEDIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/03/08 305-2825119  
Date Daytime Phone #