

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021587

FILED
Aug 01, 2006
Secretary of State

Entity Name: PROFIRST INVESTMENTS, LLC

Current Principal Place of Business:

710 SW 158 LANE
SUNRISE, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

710 SW 158 LANE
SUNRISE, FL 33326 US

New Mailing Address:

FEI Number: 20-0938274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MESSINA, PETER A
710 SW 158 LANE
SUNRISE, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MESSINA, PETER A
Address: 710 SW 158 LANE
City-St-Zip: SUNRISE, FL 33326

Title: MGR () Delete
Name: MESSINA, BARBARA C
Address: 710 SW 158 LANE
City-St-Zip: SUNRISE, FL 33326

Title: MGR () Delete
Name: WILKINSON, LIZBETH R
Address: 9748 NW 14 STREET
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BARBARA C MESSINA

MGR

08/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date