## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 13, 2006 8:00 am Secretary of State DOCUMENT # P00000108962 04-13-2006 90288 003 \*\*\*150.00 JORDI INVESTMENTS, INC. Principal Place of Business Mailing Address 2700 SW 7TH AVENUE 2700 SW 7TH AVENUE MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State Applied For City & State 4. FEI Number 65-1056539 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RIUSECH, EDUARDO\_ESQ Street Address (P.O. Box Number is Not Acceptable) -10030 SW 40TH STREET SUITE B **MIAMI FL 33165** DIAZ, JORGE A. 27005.W 7TH AUE MINHI Fl. 33129 Zip Code 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 nume of registered agent and title if applicable (NOTE: Registered Agent signature required when roastaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition ☐ Delete ☐ Change TITLE **PVST** TITLE NAME DIAZ, JORGE NAME STREET ADDRESS STREET ADDRESS 2700 SW 7TH AVENUE CITY-ST-ZIP MIAMI FL 33129 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY - ST - 7IP ☐ Change Addition TITLE. ☐ Defete TITLE NAME NAME STREET ADDRESS STRLET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Defete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 of the true 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. JONSE A. DIAZ 3-27-06 305-793-4708
ING OFFICER OR DIRECTOR

Date

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED