
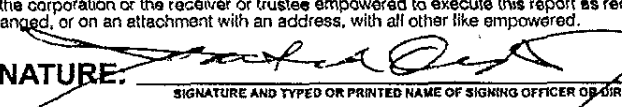


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000090627</b> 1. Entity Name <b>FORWARD INVESTMENTS, INC.</b>		
Principal Place of Business <b>1840 WEST 49TH STREET SUITE 220-4 HIALEAH, FL 33012</b>	Mailing Address <b>1840 WEST 49TH STREET SUITE 220-4 HIALEAH, FL 33012</b>	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
6. Name and Address of Current Registered Agent  <b>ORDONEZ, SANTANDER 1840 WEST 49TH STREET SUITE 220-4 HIALEAH, FL 33012</b>		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ (NOTE: Registered Agent signature required when reinstalling) <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>1000000535095</b> <b>05/08/06-80038-019 150.00</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PT ORDONEZ, MAX F 1840 W. 49TH ST. #220-4 HIALEAH, FL 33012</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD SANTANDER, ORDONEZ 1840 W. 49TH STREET #220-4 HIALEAH, FL 33012</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 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.		
<b>SIGNATURE:</b> 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date: <b>4/10/06</b> Daytime Phone #: <b>305-488-3922</b>		