

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90153 026 \*\*\*150.00

<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>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
04292008      Chg-P      CR2E034 (12/06)					
4. FEI Number <b>65-1146249</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ORDONEZ, SANTANDER 1840 WEST 49TH STREET SUITE 220-4 HIALEAH, FL 33012</b>			Name <b>SANTANDER ORDONEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>911 Paseo Andorra</b> City <b>West Palm Beach FL 33405</b>		
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 reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT ORDONEZ, MAX F 1840 W. 49TH ST. #220-4 HIALEAH, FL 33012</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P. O. BOX 22928 WEST PALM BEACH, FL 33416</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SANTANDER, ORDONEZ 1840 W. 49TH STREET #220-4 HIALEAH, FL 33012</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>011 Paseo Andorra West Palm Beach, FL 33405</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, 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>4/29/08</b> Daytime Phone #: <b>305-773-7675</b>					