

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002842

**FILED**  
**Apr 10, 2006**  
**Secretary of State**

**Entity Name:** COMMON GROUND INVESTMENTS CORP.

**Current Principal Place of Business:**

301 OCEAN DR.  
SUITE 504  
MIAMI BCH, FL 33139

**New Principal Place of Business:**

801 SW 3RD AVE.  
SUITE 301  
MIAMI, FL 33130

**Current Mailing Address:**

301 OCEAN DR.  
SUITE 504  
MIAMI BCH, FL 33139

**New Mailing Address:**

801 SW 3RD AVE  
SUITE 301  
MIAMI, FL 33130

**FEI Number:** 01-0763242

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTA MARINA, NELIA  
301 OCEAN DRIVE  
SUITE 504  
MIAMI BEACH, FL 33139 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SANTAMARINA, NELI  
Address: 301 OCEAN DR., SUITE 504  
City-St-Zip: MIAMI BCH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELI SANTAMARINA

DP

04/10/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date