

Sent By: ;

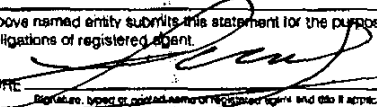
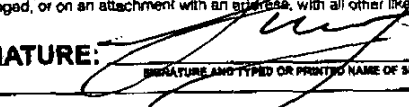
3052791489;

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

06-09-2006 90002 041 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

50021210

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| <b>DOCUMENT # P04000115304</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                                                                                                 |                                                                   |
| 1. Entity Name<br><b>BF GROUP INVESTMENTS, CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                 |                                                                                                                                                                                                  |                                                                   |
| Principal Place of Business<br><b>2100 PONCE DELEON BOULEVARD<br/>SUITE 600<br/>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                 | Mailing Address<br><b>2100 PONCE DELEON BOULEVARD<br/>SUITE 600<br/>CORAL GABLES, FL 33134</b>                                                                                                   |                                                                   |
| 2. Principal Place of Business<br><b>10481 NW 41 ST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                 | 3. Mailing Address<br><b>10481 NW 41 ST</b>                                                                                                                                                      |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                 | Suite, Apt. #, etc.                                                                                                                                                                              |                                                                   |
| City & State<br><b>MIAMI FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                 | City & State<br><b>MIAMI FL</b>                                                                                                                                                                  |                                                                   |
| Zip<br><b>33178</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country<br><b>U.S.A.</b>                                                                                                        | Zip<br><b>33178</b>                                                                                                                                                                              | Country<br><b>U.S.A.</b>                                          |
| 5. Name and Address of Current Registered Agent<br><b>GURIAN, JORGE<br/>2100 PONCE DELEON BOULEVARD<br/>SUITE 600<br/>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 | 7. Name and Address of New Registered Agent<br>Name <b>MEDARDO GUTIERREZ</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>10481 NW 41 ST</b><br>City <b>MIAMI</b> FL <b>33178</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.<br>SIGNATURE  DATE <b>MAY 31-06</b><br>(NOTE: Registered Agent signature required when releasing)                                                                                                                                                                                                                             |                                                                                                                                 |                                                                                                                                                                                                  |                                                                   |
| <b>FILE NOW!! FEE IS \$550.00<br/>Due by September 6, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees                                                                        |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                                     |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>PSD<br/>OSORIO, CARLOS<br/>2100 PONCE DELEON BLVD., SUITE 600<br/>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>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, or on an attachment with an affidavit, with all other like empowered. |                                                                                                                                 |                                                                                                                                                                                                  |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                 | Date <b>MAY 31-06</b> 305-513-9101<br>Laying File #                                                                                                                                              |                                                                   |