Sent By: ; 3052791489;

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Secretary of State

06-09-2006 90002 041 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000115304

1. Entity Name
BF GROUP INVESTMENTS, CORP.

50021210

Principal Place of Business	Mailing Address
2100 PONCE DELEON BOULEVARD SUITE 600 CORAL GABLES, FL 33134	2100 PONCE DELEON BOULEVARD SUITE 600 CORAL GABLES, FL 33134

05162006 Chg-P CR2E034 (11/0)

2. Principal Place of Business	3. Mailing Address
10481 NW 41 ST	10481 NW 41 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33178 Country: U.S.A.	Zip: 33178 Country: U.S.A.

4. FEI Number: 20-1453722 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GURIAN, JORGE
2100 PONCE DELEON BOULEVARD
SUITE 600
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: MEDARDO GUTIERREZ
Street Address (P.O. Box Number is Not Acceptable): 10481 NW 41 ST
City: MIAMI FL Zip Code: 33178

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] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: May 31-06

FILE NOW!!! FEE IS $150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD OSORIO, CARLOS 2100 PONCE DELEON BLVD., SUITE 600 CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR May 31-06 Date 305-513-9101 Daytime Phone #