
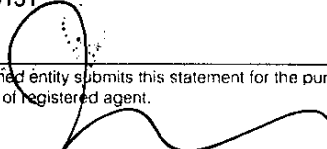



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90053 046 ***150.00

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|--|---|--|--|--|--|
| DOCUMENT # P04000150880 | | | |  | |
| 1. Entity Name BY: MY OWN INVESTMENTS, INC. | | | | | |
| Principal Place of Business 18851 NE 29TH AVE STE 700 MIAMI, FL 33180 | | | Mailing Address 1110 BRICKELL AVENUE SUITE 310 MIAMI, FL 33131 | | |
| 2. Principal Place of Business - No P.O. Box # 17875 Collins Avenue | | 3. Mailing Address 17875 Collins Avenue | | | |
| Suite, Apt. #, etc. Suite 1502 | | Suite, Apt. #, etc. Suite 1502 | | | |
| City & State Sunny Isles Beach, Fl. | | City & State Sunny Isles Beach, Fl. | | 01212008 Chg-P CR2E034 (12/06) | |
| Zip 33160 | | Country USA | | 4. FEI Number 20-1829874 | |
| 3. Mailing Address 17875 Collins Avenue | | City & State Sunny Isles Beach, Fl. | | Applied For Not Applicable | |
| Zip 33160 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SERVICES INC., NS CORP 1110 BRICKELL AVENUE SUITE 310 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name Juan A. Figueroa Street Address (P.O. Box Number is Not Acceptable) 1428 Brickell Avenue, Suite 206 City Miami FL Zip Code 33131 | | |
| 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:  X 1-21-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DPS HAMOUI, ESTRELLA 19111 COLLINS AVENUE, APT. 2402 SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPS HAMOUI, ESTRELLA 17875 Collins Avenue, Suite 1502 Sunny Isles Beach, Fl. 33160 <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, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | 305-495- x02-1-08 X 7276 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone | | |