## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** DOCUMENT # P05000015109 Apr 26, 2006 08:00 Al Secretary of State 1. Entity Name 1632 INVESTMENT, INC. Mailing Address Principal Place of Business 7261 S.W. 122ND COURT 7261 S.W. 122ND COURT MIAMI, FL 33183 MIAMI, FL 33183 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04182006 CR2E034 (11/05) Cha-P Applied For City & State 4. FEI Number City & State Not Applicable 33-1111764 Ziα Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MENDEZ, SERGIO Street Address (P.O. Box Number is Not Acceptable) 901 PONCE DE LEON BLVD #304 CORAL GABLES, FL 33134 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be unnno0535005 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 05/08/06-80034-015 150.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. DP TITLE Change ☐ Addition ☐ Delete TITLE RODRIGUEZ, RAMON J NAME NAME 7261 S.W. 122ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-ZIP ☐ Addition DST ☐ Delete Change TITLE RODRIGUEZ, MARIA A NAME 7261 S.W. 122ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-7/P Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SIGNATURE: Ramon Rodnigger of Director Date Date Daytime Prione #

changed, or on an attachment with an address, with all other like empowered.