

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140651

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: FLORIDA INVEST CONSULTANTS CORP

## Current Principal Place of Business:

6220 S. ORANGE BLOSSOM TRAIL  
165  
ORLANDO, FL 32809

## New Principal Place of Business:

8853 COMMODITY CIRCLE  
12-14  
ORLANDO, FL 32819

## Current Mailing Address:

6220 S. ORANGE BLOSSOM TRAIL  
165  
ORLANDO, FL 32809

## New Mailing Address:

8853 COMMODITY CIRCLE  
12  
ORLANDO, FL 32819

FEI Number: 20-3651719

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALVAREZ, FAUSTO  
2828 CORAL WAY  
300  
CORAL GABLES, FL 33145 US

## Name and Address of New Registered Agent:

ALVAREZ, FAUSTO  
8853 COMMODITY CIRCLE  
12  
ORLANDO, FL 32819 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FUENTES, MIGUEL  
Address: S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32809

Title: VP ( ) Delete  
Name: MAIANTI, LUIGI  
Address: S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32809

Title: S ( ) Delete  
Name: FUENTES, MIGUEL  
Address: S. ORANGE BLOSSOM TRAIL  
City-St-Zip: ORLANDO, FL 32809

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FUENTES, MIGUEL  
Address: 8853 COMMODITY CIRCLE UNIT 12-14  
City-St-Zip: ORLANDO, FL 32819

Title: VP (X) Change ( ) Addition  
Name: MAIANTI, LUIGI  
Address: 8853 COMMODITY CIRCLE UNIT 12-14  
City-St-Zip: ORLANDO, FL 32819

Title: S (X) Change ( ) Addition  
Name: FUENTES, MIGUEL  
Address: 8853 COMMODITY CIRCLE UNIT 12  
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify 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: MIGUEL FUENTES

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date