## **2003 FOR PROFIT CORPORATION**

UN	IFORM BOSINE	33 NEPUN	IVD	n,			
DOCUMENT # P92000014759  1. Entity Name FLORIDA INVESTMENT GROUP, INC.					FILED  03 MAY - 1 PM 3: 57		
Principal Place of Business		Mailing Address		WE 1	TALLAHASSEE, FLORIDA		
2300 CORAL WAY SUITE 200 MIAMI FL 33145		2300 CORAL WAY SUITE 200 MIAMI FL 33145		Į.		ļ	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-0404013 Applied For Not Applica	-	
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FLORIDA ANNUAL REPORT SERVICES, INC.				Name Street Address (P.O. Box Number is Not Acceptable)			
2300 CORAL WAY			<u> </u>				
SUITE 200 MIAMI FL 33145			City	,	FL 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 obligation of registered agent.  SIGNATURE  AMADA CANTERA LOPEZ, President  Signature, typed exprinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
Afte	ILE NOW!!! FEE IS \$150,00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State			9. Election Campaign Financing \$5.00 May B Trust Fund Contribution.	Se	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
	DPTS	Delete	TITLE		☐ Change ☐ Addi	ition	
STREET ADDRESS	LOPEZ-CANTERA, AMADA 2300 CORAL WAY SUITE 201 MIAMI FL 33145		NAME STREET ADDR CITY-ST-ZIP	ESS	05709/03-01045-008 **158.75		
NAME "	V CARTAYA, LIDIA	□ Delete	TITLE NAME	500	☐ Change ☐ Addi	ition	
CITY = 3%-ZIP	1717 N BAYSHORE DRIVE, SUITE MIAMI FL 33132		STREET ADDR	100			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADOR CITY-ST-ZIP	ESS	⊕ Change □ Addi	ition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDR	ESS	☐ Change ☐ Addii	tion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDR CITY-ST-ZIP	ESS A	□ Change □ Addil	tion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS	Change Addit	tion	
12. I hereby of indicated	certify thát the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that m	the exemption y signature sh	stated in Sec all have the s	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or directors.	n or	

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:** 

4-23-03

Date

Daytime Phone #