


FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90031 025 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT


DOCUMENT # P99000064331	
1. Entity Name KIERANS INVESTMENTS, INC.	

Principal Place of Business 2601 S BAYSHORE DR, SUITE 1400 MIAMI, FL 33133	Mailing Address 2601 S BAYSHORE DR, SUITE 1400 MIAMI, FL 33133
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

40057952



04042007 Chg-P CR2E034 (12/08)

4. FEI Number 65-1097685	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DURAN, ALFREDO G 2601 S BAYSHORE DR, SUITE 1400 MIAMI, FL 33133		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

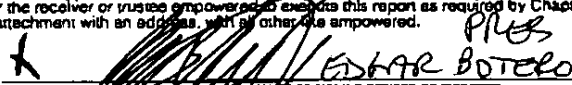
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-electing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input type="checkbox"/> Delete BOTERO, EDGAR 18671 COLLINS AVE, APT. 3301 SUNNY ISLES BEACH, FL 33180	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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
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 the empowered.

SIGNATURE:  **EDGAR BOTERO** *Pres* **4/12/07** **305 259-2656**

SIGNATURE OF REGISTERED AGENT OR REGISTERED NAME OF RECORDING OFFICER OR DIRECTOR