


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90012 038 \*\*\*150.00

**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**

2. Principal Place of Business - No P.O. Box #  
**2340 So. DIXIE HIGHWAY**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State

Zip **33133** Country **USA**

Zip Country



02132008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1097685**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DURAN, ALFREDO G**  
**2601 S BAYSHORE DR, SUITE 1400**  
**MIAMI, FL 33133**

7. Name and Address of New Registered Agent  
 Name **ALFREDO G. DURAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2340 So. DIXIE HIGHWAY**  
 City **MIAMI** State **FL** Zip Code **33133**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	DP BOTERO, EDGAR 18671 COLLINS AVE, APT. 3301 SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Edgar Botero** **EDGAR BOTERO** PRES/DIR **3/30/08** **(305) 859-2696**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #