


FILED
Jan 28, 2005 8:00 am
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

01-28-2005 90024 036 ***150.00

DOCUMENT # P04000150880
 1. Entity Name
 BY MY OWN INVESTMENTS, INC.



40008265

Principal Place of Business Mailing Address
 19111 COLLINS AVENUE 19111 COLLINS AVENUE
 2402 2402
 SUNNY ISLES, FL 33160 SUNNY ISLES, FL 33160



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01252005 Chg-P CR2E034 (10/03)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 20-1829874 Not Applicable

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

6. Name and Address of Current Registered Agent
 HAMUI, ESTRELLA
 19111 COLLINS AVENUE
 2402
 SUNNY ISLES, FL 33160

7. Name and Address of New Registered Agent
 Name Juan A. Figueroa, P.A., C.P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 1428 Brickell Avenue, Suite 206
 City Miami FL Zip Code 33131

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]* X DATE 1/25/05 X

FILE NOW! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HAMUI, ESTRELLA	
STREET ADDRESS	19111 COLLINS AVENUE, APT. 2402	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* P. Estrella Hamui P Date 01-25-05 Daytime Phone # 3059336090