
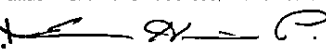


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90233 001 \*\*\*150.00

DOCUMENT # P04000150880					
1. Entity Name BY MY OWN INVESTMENTS, INC.					
Principal Place of Business 19111 COLLINS AVENUE 2402 SUNNY ISLES, FL 33160		Mailing Address 19111 COLLINS AVENUE 2402 SUNNY ISLES, FL 33160			
2. Principal Place of Business 18851 NE 29th Avenue		3. Mailing Address 18851 NE 29th Avenue			
Suite, Apt. #, etc. Suite 700		Suite, Apt. #, etc. Suite 700			
City & State Aventura, Florida		City & State Aventura, Florida			
Zip 33180	Country USA	Zip 33180	Country USA	4. FEI Number 20-1829874	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FIGUEROA, JUAN A PA CPA 1428 BRICKELL AVENUE SUITE 206 MIAMI, FL 33131				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMUI, ESTRELLA		NAME		
STREET ADDRESS	19111 COLLINS AVENUE, APT. 2402		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES, FL 33160		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 305 495 72 76 13-9-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		