


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 398153 1. Entity Name COBRI INVESTMENTS, INC	
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Principal Place of Business 5200 SW 8TH ST. SUITE 10B CORAL GABLES, FL 33134	Mailing Address P.O. BOX 441743 MIAMI, FL 33144-1743
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01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 66-0314248	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REVUELTA, BARBARA Y 5200 SW 8TH STREET STE 108 CORAL GABLES, FL 33134
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	UD00000608344 02/01/07-80006-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRITO, YOLANDA GENERAL PATTON #2219 SANTURCE, PR 00913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRITO, LOURDES URB.LA CAMPINA #84 CALLE 1 SAN JUAN, PR 00926-9637,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRITO, EDUARDO 536 PLEASANT AVE. HIGHLAND PARK, IL 60035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Edna Brito 2167 Cacique San Juan, PR 00913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 of supplemental reports 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: Lourdes Brito Lourdes Brito 1/22/07 (787) 275-8843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #