


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000004140	
1. Entity Name E.G.L. INVESTMENT CORPORATION	
	
Principal Place of Business 2401 N.W. 65 STREET PO BOX 70567 SEATTLE, WA 98107	Mailing Address 2401 N.W. 65 STREET PO BOX 70567 SEATTLE, WA 98107



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-0941221	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARBIN, EVAN R ESQ.
48 EAST FLAGLER STREET, PH-104
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when renesting)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000612474
02/02/07 08107-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRUMINS, VISVALDIS 2901 S BAYSHORE DR APT 1B MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRIEDIS, IVARS 1121 N.E. 86 STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BRIEDIS, HELENA 1121 N.E. 86 STREET MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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:

 **IVARS BRIEDIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-07
Date

305 757-3378
Daytime Phone #