

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # G09129

1. Entity Name
P. P. I. INVESTMENTS, INC.



Principal Place of Business
**9657 SW 124 ST
MIAMI, FL 33176 US**

Mailing Address
**9657 SW 124 ST
MIAMI, FL 33176 US**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2240752** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOTOLONGO, ARMANDO O.
9657 SW 124 ST
MIAMI, FL 33176**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

100000423782
02/18/06-80022-003 158.75

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **SOTOLONGO, ARMANDO, O.**
STREET ADDRESS **9657 SW 124 ST**
CITY-ST-ZIP **MIAMI, FL**

TITLE **SD**
NAME **GONZALEZ, IBRAHIM**
STREET ADDRESS **9657 SW 124 ST**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE
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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: *Armando Sotolongo*
SIGNATURE AND TYPED OR PRINTED NAME OF NORMAL OFFICER OR DIRECTOR

2/3/06
Date

Daytime Phone #