
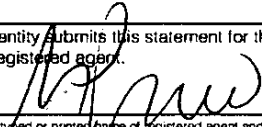


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90066 045 ***150.00

DOCUMENT # G34855 1. Entity Name G.P.B. INVESTMENTS, INC.					
Principal Place of Business 6361 SUNSET DR. S. MIAMI, FL 33143 US			Mailing Address 3904 DURANGO ST CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 5835 Blue Lagoon Dr		3. Mailing Address Suite, Apt. #, etc. Ste. 200			
City & State Miami, FL		City & State Miami, FL			
Zip 33126		Country USA		4. FEI Number 59-2292188	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PINO, GUILLERMO 250 CATALONIA AVE. SUITE 503 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Pino, Guillermo Street Address (P.O. Box Number is Not Acceptable) 5835 Blue Lagoon Dr. Ste. 200 City Miami FL Zip Code 33126		
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: 3/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS PINO, GUILLERMO 3904 DURANGO ST CORAL GABLES, FL 33134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 

PAS

3/26/07