


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90105 004 ***150.00

DOCUMENT # G62345 1. Entity Name LA GOMERA INVESTMENT CORPORATION					
Principal Place of Business 806 DOUGLAS RD STE 580 MIAMI, FL 33134		Mailing Address 806 DOUGLAS RD STE 580 MIAMI, FL 33134			
2. Principal Place of Business - No P.O. Box # Same		3. Mailing Address Same			
Suite, Apt. #, etc. Same		Suite, Apt. #, etc. Same			
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 65-0737796	
Zip 33134		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGISTERED AGENT CORP. SRVS., INC 806 DOUGLAS RD STE 580 MIAMI, FL 33134				7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) Same Suite 580 City Coral Gables FL Zip Code 33134	
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 <u><i>[Signature]</i></u> DATE <u>1/10/07</u> <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	DPST CORDERO-CASAL, ALI 1101 BRICKELL AVE., STE 402 MIAMI, FL 33131		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/18/07</u> Daytime Phone # <u>315 574270</u>		

40109331



01082007 Chg-P CR2E034 (12/06)