
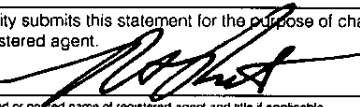



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90003 029 ***150.00

DOCUMENT # J09009 1. Entity Name FLORIDA INTERNATIONAL FIDELITY INVESTMENT CORP.					
Principal Place of Business 3000 ORANGE GROVE TRAIL NAPLES, FL 34120 US			Mailing Address 3000 ORANGE GROVE TRAIL NAPLES, FL 34120 US		
2. Principal Place of Business - No P.O. Box # 4500 EXECUTIVE DR.		3. Mailing Address 4500 EXECUTIVE DR.			
Suite, Apt. #, etc. 110		Suite, Apt. #, etc. 110			
City & State NAPLES FL		City & State NAPLES FL		4. FEI Number 59-2695181	
Zip 34119		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLTT, ROBERTO 3000 ORANGE GROVE TRAIL NAPLES, FL 34120		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4500 EXECUTIVE DR. SUITE 110 City NAPLES FL Zip Code 34119			
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 4/18/07 <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	P BOLTT, ROBERTO 3000 ORANGE GROVE TRAIL NAPLES, FL 34120 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4500 EXECUTIVE DR. # 110 NAPLES FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV LOWITZ, STEPHEN 3000 ORANGE GROVE TRAIL NAPLES, FL 34120 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4500 EXECUTIVE DR. # 110 NAPLES FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete		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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/18/07 Daytime Phone # 239 596 4088		