


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K26708**  
 1. Entity Name  
**M FIVE INVESTMENTS, INC.**



*8150*

Principal Place of Business 1474 W. 84TH ST. SUITE B HIALEAH, FL 33014-3363 US	Mailing Address 1474 W. 84TH ST. SUITE B HIALEAH, FL 33014-3363 US
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**DO NOT WRITE IN THIS SPACE**

01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0053227	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  
 SANCHEZ, MANUEL E.  
 1474 W. 84TH ST.  
 SUITE B  
 HIALEAH, FL 33014

**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**

000000448602  
 03/09/06-80020-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SANCHEZ, MANUEL E. 1474 W 84TH ST HIALEAH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-13-06* *305-362-5505*  
 Date Daytime Phone #