2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# L05000002448

Entity Name: C.O. INVESTMENTS LLC

Current Principal Place of Business:

19100 W OAKMONT DR.
HIALEAH, FL 33015

New Principal Place of Business:

12355 NE 13.AVE SUITE 107
NORTH MIAMI, FL 33161

Current Mailing Address:

19100 W OAKMONT DR.
HIALEAH, FL 33015

New Mailing Address:

12355 NE 13.AVE SUITE 107
NORTH MIAMI, FL 33161

FEI Number: 20-2165609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OCHOA, CELIA
19100 W OAKMONT DR.
HIALEAH, FL 33015 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ORTIZ, ERNESTO
Address: 19100 W. OAKMONT DR
City-St-Zip: HIALEAH, FL 33015

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: DIAZ, LAURENZO E VP
Address: 18101 COLLINS .AVE 3602
City-St-Zip: SUNNY ISLES, FL 33160

Title: VP ( ) Change (X) Addition
Name: GONZALEZ, YANIDIS VP
Address: 181101 COLLINS .AVE UNIT 4606
City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ERNESTO DIAZ VP 01/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date