

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086924

Entity Name: S & M INVESTMENTS, LLC.

FILED
Aug 14, 2007
Secretary of State

Current Principal Place of Business:

437 POINCIANA ISLAND DRIVE
N. MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

437 POINCIANA ISLAND DRIVE
N. MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 20-3403962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HALIWA, MAURICE
437 POINCIANA ISLAND DRIVE
N. MIAMI BEACH, FL 33021 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: HALIWA, MAURICE
Address: 437 POINCIANA ISLAND DRIVE
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: MGRM () Delete
Name: GALVESTON INVESTMENT, S, INC.
Address: 13899 BISCAYNE BLVD. STE. # 148
City-St-Zip: N. MIAMI, FL 33181

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: COHEN, SALOMON
Address: 13899 BISCAYNE BLVD. STE. # 148
City-St-Zip: N. MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify 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: MAURICE HALIWA

MMGR

08/14/2007

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