

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90038 017 ***158.75

DOCUMENT # L14670 1. Entity Name EISNOR INVESTMENTS, INC.	
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Principal Place of Business 14352 SW 142 AVENUE MIAMI, FL 33186	Mailing Address 14352 SW 142 AVENUE MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE

40115610



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0140010	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EISNOR, WILLIAM J., Jr.
 1238 ANASTASIA AVE.
 CORAL GABLES, FL 33134

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP EISNOR, WILLIAM J. DELETE 1238 ANASTASIA AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXX President/Director EDELSTEIN, MARY LOU 1238 ANASTASIA AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISNOR, RICHARD DAVID 1238 ANASTASIA AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISNOR, CASEY DEAN 1238 ANASTASIA AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EISNOR, WILLIAM J JR 14352 SW 142 AVE MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sect'y/Treasurer/Director Eisnor, Louise 1238 Anastasia Ave. Coral Gables, FL 33134

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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: X [Signature] _____ DATE: 4/30/07 DAYTIME PHONE #: 305 233 4453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR