2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Feb 05, 2007 08:00 AM **DOCUMENT # L75855 Secretary of State** 1. Entity Name 91 INVESTMENT CORPORATION Principal Place of Business Mailing Address 16553 NORRIS RD 16553 NORRIS RD LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470 US No Chg-P CR2E034 (11/05) 02012007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0204784 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COFAR, LAWRENCE J DO NOT WRITE 915 MIDDLE RIVER DRIVE SUITE 506 IN THIS SPACE FORT LAUDERDALE, FL 33304 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. Signature, typed or primed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CORTES, HECTOR NAME 16553 NORRIS RD. STREET ADDRESS U000000621167 CITY-ST-ZIP LOXAHATCHEE, FL 33470 02/12/07-80006-005 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 employed to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an add

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR