


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90035 048 ***150.00

DOCUMENT # M52193		
1. Entity Name TAINO INVESTMENTS INC.		

Principal Place of Business 3312 N. MIAMI AVE. MIAMI FL 33127	Mailing Address 3312 N. MIAMI AVE. MIAMI FL 33127
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1481 BELLA VISTA AVE Suite, Apt. #, etc.	
City & State		City & State CORAL GABLES Fla.	
Zip	Country	Zip	Country
33127		33127	USA



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2803305		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANTIAGO, WILFREDO 3312 N. MIAMI AVE. MIAMI FL 33127		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SANTIAGO, WILFREDO		NAME	
STREET ADDRESS 3312 N. MIAMI AVE.		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33127		CITY-ST-ZIP	
TITLE VS	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SANTIAGO, GEORGINA		NAME	
STREET ADDRESS 3312 N. MIAMI AVE.		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33127		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: U. Ponce Pres. 1/26/05 (305) 749-1481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #