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ANNUAL REPORT					Feb 28, 2008 08:00 A			
1. Entity Nam	MENT # P000000401 estments, INC.	25 /			Sec	eretary of S	tate	
Principal Place of Business 1865 BRICKELL AVE STE A208 MIAMI, FL 33129		Mailing Address 1865 BRICKELL AVE STE A208 MIAMI, FL 33129			1841 4011 30KH 884H 884		, . 16 11 1 1 16	
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1 4 Can	the first of the first of the first of the	The second second	Carlotte Marie	5. Certificate	of Status Desired	Fee Required	· rai	
	6. Name and Address of Current Re	gistered Agent		1	Jan Jan Jan Jan	of the first grow by the		
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			The house the	mile in a graphy	Comment to the state of the sta	and the sale of the sale	1. 1. 1. 1.	
8. The above the obligat		e purpose of changing its registe	red office or register	ed agent, or bot	n, in the State of Flo	rida. I am familiar with, an	d accept	
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Register	ed Agent signature required	when reinstating)	4/2	0/03 DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution		00 May Be ed to Fees				
10.	OFFICERS AND DI	RECTORS	M. a good by the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	post have a	Total miles ("Mont in ")	, J P	
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12. Thereby 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 supplimental 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 report of fusive empawered 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 attach for the report of the corporation of the report of

SIGNATURE:

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #