Note!

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90103 004 ***150.00

DOCUMENT # P00000041751

1. Entity Name
FLOLAM INVESTMENTS, INC.

40003094

01122005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
8790 SW 7TH STREET MIAMI, FL 33173	8790 SW 7TH STREET MIAMI, FL 33173

2. Principal Place of Business	3. Mailing Address
8790 S.W. 72 st	8790 S.W. 72 st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: Miami Fl
Zip: 33173 Country:	Zip: 33173 Country:

4. FEI Number 65-1013191 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLOREZ, MIRIAM
8790 SW 7TH STREET
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAMPREA DE FLOREZ, MIRIAM M 8790 SW 7TH STREET MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 8790 S.W. 72 st Miami, Fl 33173
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FLOREZ, LISANDRO 8790 SW 7TH STREET MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 8790 S.W. 72 st Miami Fl 33173
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FLOREZ, MIRIAM 8790 SW 7TH STREET MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 8790 S.W. 72 st Miami Fl 33173
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FLOREZ, WILLIAM 8970 SW 7TH STREET MIAMI, FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 8790 S.W. 72 st Miami Fl 33173
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 01-13-05 305-4122760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #