

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90194 006 \*\*\*150.00

DOCUMENT # P00000041751

1. Entity Name  
FLOLAM INVESTMENTS, INC.



Principal Place of Business

8790 SW 72 STREET  
MIAMI, FL 33173

Mailing Address

8790 SW 72 STREET  
MIAMI, FL 33173

2. Principal Place of Business - No P.O. Box #  
21055 YACHT CLUB DR

Suite, Apt. #, etc.

3. Mailing Address  
21055 YACHT CLUB DR

Suite, Apt. #, etc.

City & State  
AVENTURA FL

Zip  
33180

Country

City & State  
AVENTURA FL

Zip  
33180

Country

01112007

Chg-P

CR2E034 (12/06)

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 72 STREET  
MIAMI, FL 33173

7. Name and Address of New Registered Agent

Name  
FLOREZ, MIRIAM

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

21055 YACHT CLUB DR

City  
AVENTURA

FL

Zip Code  
33180

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-11-07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMPREA DE FLOREZ, MIRIAM M 8790 S.W. 72ND ST MIAMI, FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLOREZ, LISANDRO 8790 S.W. 72ND ST MIAMI, FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLOREZ, MIRIAM 8790 S.W. 72ND ST MIAMI, FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLOREZ, WILLIAM 8790 S.W. 72ND ST MIAMI, FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMPREA DE FLOREZ, MIRIAM M 21055 YACHT CLUB DR AVENTURA FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLOREZ, L 21055 YACHT CLUB DR AVENTURA FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FLOREZ MIRIAM 21055 YACHT CLUB DR AVENTURA FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLOREZ, WILLIAM 21055 YACHT CLUB DR AVENTURA FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/10/07