

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90019 022 \*\*\*150.00

<b>DOCUMENT # P00000052055</b> 1. Entity Name <b>FINANCIAL INVESTMENT BROKERS, INC.</b>					
Principal Place of Business <b>5035 SW 113TH AVE MIAMI, FL 33165</b>			Mailing Address <b>PO BOX 141516 CORAL GABLES, FL</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-1011974</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>DE CORCHO, BLANCA P 5035 SW 113TH AVE MIAMI, FL 33165</b>				7. Name and Address of New Registered Agent Name <b>De Corcho, Jose P</b> Street Address (P.O. Box Number is Not Acceptable) <b>5035 SW 113 AV</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33165</b>	
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:  <b>Jose P De Corcho</b> (NOTE: Registered Agent signature required when reinstating) <b>3/15/06</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>P</b> NAME <b>ALBELO, GABRIEL C</b> STREET ADDRESS <b>1611 SOUTH BAYSHORE DR.</b> CITY-ST-ZIP <b>COCONUT GROVE, FL 33133</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>President</b> NAME <b>De Corcho, Jose P</b> STREET ADDRESS <b>5035 SW 113 AV</b> CITY-ST-ZIP <b>Miami FL 33165</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>DE CORCHO, BLANCA P</b> STREET ADDRESS <b>5035 SW 113TH AVE</b> CITY-ST-ZIP <b>MIAMI, FL 33165</b>	<input type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>RODRIGUEZ, JAIME V</b> STREET ADDRESS <b>16424 SW 47 TERR.</b> CITY-ST-ZIP <b>MIAMI, FL 33185</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b> NAME <b>RODRIGUEZ, JAIME V</b> STREET ADDRESS <b>16424 SW 47 TERR.</b> CITY-ST-ZIP <b>MIAMI, FL 33185</b>	<input type="checkbox"/> Delete		TITLE <b>VP</b> NAME <b>RODRIGUEZ, JAIME V</b> STREET ADDRESS <b>16424 SW 47 TERR.</b> CITY-ST-ZIP <b>MIAMI, FL 33185</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  <b>Blanca Perez de Corcho</b> <b>3/15/06</b> <b>9267</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

**50003679**



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