## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 26, 2007 8:00 am Secretary of State 03-26-2007 90050 001 \*\*\*150.00

DOCUMENT # P0000052055  1. Entity Name FINANCIAL INVESTMENT BROKERS, INC.					03-20-2007 90030 001 ***130.00
Principal Place of Business 5035 SW 113TH AVE MIAMI, FL 33165			Mailing Address PO BOX 141516 CORAL GABLES, FL		60028850
2. Principal Place of Business - No P.O. Box # 3 Mailing Address  LIST Ponce de Leon RIVA PD Box 14/				4/5/6	
Suite, Apt. #, etc. Suite, Apt. #, etc.					03082007 Chg-P CR2E034 (12/06)
CORAL GABLES, FL CORAL GABLES, FL					4. FEI Number Applied For 65-1011974 Not Applicable
zip 33	134	Country USA	33/14	Country USA	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  DE CORCHO, JOSE P  5035 SW 113TH AVE  MIAMI, FL 33165  Street Address (P.O. Box Number is Not Acceptable)  Street Address of New Registered Agent  Name  Corcho, JOSE P  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  Name  Corcho, JOSE P  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)					
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 & applicable. (NOTE. Registered Agent signature required when reinstating)  DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.		OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE CORCH 5035 SW 11 MIAMI, FL 3		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, JAIME V 16424 SW 47 TERR. MIAMI, FL 33185			THLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P				De CORCLO Jose P & Change Addition 15-5-5 Ponce Je 1800, Blod. Svite 330 CORN GABles FL 33124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O.C.		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP			☐ Delete	TITLE NAME SIREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST- ZIP			☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling 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 a tother like empowered.					
SIGNATURE:  SIGNATURE:  SIGNATURE:  De Coacho 3/8/07 307-570-9267  Date  Date  Date  De Coacho 3/8/07 307-570-9267					