2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 08, 2008 08:00 AM Secretary of State DOCUMENT # P00000083652 FIRST INVESTMENTS HOLDING, INC. Principal Place of Business 8700 W. FLAGLER ST., STE. 165 8700 W. FLAGLER ST., STE. 165 MIAMI, FL 33174 MIAMI, FL 33174 01312008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For -65-1037989 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORIS, ALBERTO N DO NOT WRITE 8700 W. FLAGLER ST., STE. 165 MIAMI, FL 33174 - IN THIS SPACE 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. PTD TITLE LAGO, JULIO A NAME STREET ADDRESS 8700 W. FLAGLER ST., STE. 165 CITY-ST-ZIP MIAMI, FL 33174 VPSD IIII F NAME LAGO, JUAN C STREET ADDRESS 8700 W. FLAGLER ST., STE. 165 CITY-ST-ZIP MIAMI, FL 33174 TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP TITLE IN THIS SPAC NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 adoptemental 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 employered 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 abachment with an address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3108

Daytime Phone #

FILED