


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90089 019 ***150.00

DOCUMENT # P00000110433	
1. Entity Name CORPORACION LYNN INVESTMENTS, INC.	

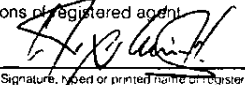
Principal Place of Business 9781 ARBOR OAKS LANE, STE 306 BOCA RATON, FL 33428	Mailing Address 9781 ARBOR OAKS LANE, STE 306 BOCA RATON, FL 33428
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2. Principal Place of Business - No P.O. Box # 20283 State Road 7	3. Mailing Address 20283 State Road 7
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc. Suite 300
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33498	Country USA

	
04062007	Chg-P CR2E034 (12/06)
4. FEI Number 65-1064031	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

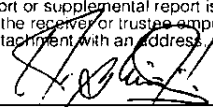
6. Name and Address of Current Registered Agent	
RODRIGUEZ, ALFREDO 9781 ARBOR OAKS LANE, STE 306 BOCA RATON, FL 33428	

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: 	DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ALFREDO	NAME	
STREET ADDRESS	9781 ARBOR OAKS LANE, STE 306	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33428	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: 	DATE: _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	