


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90018 046 \*\*\*150.00

<b>DOCUMENT # P01000024011</b>				
1. Entity Name <b>INVESTMENTS 17, INC.</b>				
Principal Place of Business <b>13764 SW 11 ST MIAMI, FL 33184</b>		Mailing Address <b>13764 SW 11 ST 13764 SW 11 ST MIAMI, FL 33184</b>		
2. Principal Place of Business - No P.O. Box # <b>c/o Teresita Cajigas</b>		3. Mailing Address <b>c/o Teresita Cajigas</b>		
Suite, Apt. #, etc. <b>13764 SW 11 ST</b>		Suite, Apt. #, etc. <b>13764 SW 11 ST</b>		
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		
Zip <b>33184</b>	Country <b>USA</b>	Zip <b>33184</b>	Country <b>USA</b>	
4. FEI Number <b>65-1142581</b>				Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>WEIDER, NORMAN S ESQ. 100 S.E. 2ND STREET SUITE 3950 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent		
		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		<b>FL</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVTD SAIAS, SALVADOR 13764 SW 11 ST MIAMI, FL 33184</b>	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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.				
<b>SIGNATURE:</b> _____		<b>01.19.07</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		