## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 08:00 Al Secretary of State

DOCUMENT # P01000057239  1. Entity Name 1 & C INVESTMENT GROUP, INC.				Secretary of Stat		
Principal Place 6650 NW 37 MIAMI, FL 3	AVE	Aalling Address P.O. BOX 126397 HIALEAH, FL 33012-1600				
				04052006 No Chg-P	11 TELL BEIET BAILL (TEAS HE	
D	O NOT WRITE I	N THIS SPA	CE	4. FSI Number 65-2227126	***	Applied For Not Applicable
	ing the second s			5. Certificate of Status Desire		75 Additional Required
SUITE 201 HIALEAH,	9TH STREET I FL 33010			DO NOT IN THIS S	SPACE	
the obligat	named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and the	<u> </u>	d Apent signature requires		of Florida. I am famili	ar with, and accept
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.		led to Fees		
10.  1ITLE  NAME  STREET ADDRESS  CITY-S1-ZIP	OFFICERS AND DIRI PD GONZALEZ, ISIDRO 6650 NW 37 AVE MIAMI, FL 33147	t is				
TITLE NAME STREET ADDRESS CITY-ST-2IP	STD GONZALEZ, MARIA 6650 NW 37 AVE MIAMI, FL 33147		a tak a la sarati	000 04/29/	1000510822 106-80025-01	32 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ر در	र न स्थ्य प्राप्त	DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS S	SPACE	en e
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	es 19		en e		e e w. e.
TITLE NAME STREET ADDRESS CITY-SI-ZIP				Carrier State Carrier	ing and the second of the seco	an yang ang sang sang sang sang sang sang sa
12. I hereby indicated of the corchanged	certify that the information supplied with this if on this report ensupplemental report is true portation of the receiver or trustee different portation or the receiver or trustee different power, or on an attachment with an actoress, with	filing does not qualify for the ex- e and accurate and that my signal ed to execute this report as requiall other like empowered.	emptions contained ture shall have the ired by Chapter 60	d in Chapter 119, Florida Statuts same legal effect as if made un 7, Florida Statutes; and that my i	es. I further certify the der cath, that I am ar name appears in Blo	at the information officer or director ok 10 or Block 11 if

ISIDRO J. GONZALEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: