


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90002 011 ***150.00

DOCUMENT # P02000018224		
1. Entity Name PROFESSIONAL INVESTMENT, INC.		

Principal Place of Business 1313 CORAL WAY MIAMI, FL 33145	Mailing Address 1313 CORAL WAY MIAMI, FL 33145
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50026490



06062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address 7720 MIAMI VIEW DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc. N. BAY VILLAGE, FL	
City & State		City & State 33141	
Zip	Country	Zip	Country USA

4. FEI Number 59-3345555	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RODRIGUEZ, ERIK A 1313 CORAL WAY MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODRIGUEZ, ERIK A 1431 NW 22ND AVE 7720 MIAMI VIEW DR. MIAMI, FL 33125 N. BAY VILLAGE, FL 33141	TITLE NAME STREET ADDRESS CITY - ST - ZIP	KRIS RODRIGUEZ (S) 7720 MIAMI VIEW DR N. BAY VILLAGE, FL 33141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RODRIGUEZ, NURIA 1431 NW 22ND AVE 9981 SW 20 ST MIAMI, FL 33125 MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARTHA ARISTIZABAL 1000 SAINT CHARLES PL #104 PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/23/06 305 754 3005