


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000033691
 1. Entity Name
 INVESTMENTS 22, INC.



Principal Place of Business: 250 CATALONIA S-401 MIAMI, FL 33134
 Mailing Address: P.O. BOX 144133 CORAL GABLES, FL 33114-4133



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 01-0697476 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DURAN, ALFREDO G
 2601 S BAYSHORE DR, STE 1400
 MIAMI, FL 33133

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORTA, RAMON 250 CATALONIA AVE S-401 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DORTA, FRANCISCO 250 CATALONIA AVE S-401 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TRIVELA, JUAN 250 CATALONIA AVE S-401 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIVAS, GONZALO 250 CATALONIA AVE S-401 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

010000435882
 02/27/06-80009-022 150.00

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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

01/20/06
 Date

305-567-0097
 Daytime Phone #