

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90221 008 \*\*\*150.00

DOCUMENT # P02000037088

1. Entity Name  
LOW MONEY INVESTMENT, CORP.



Principal Place of Business

3446 SW 8 ST  
214  
MIAMI, FL 33135

Mailing Address

3446 SW 8 ST  
214  
MIAMI, FL 33135

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt # etc

Suite, Apt # etc

City & State

City & State

Zip

Country

Zip

Country

03312007

Chg-P

CR2E034 (12/06)

4. FEI Number

46-0474347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

SANCHEZ, CARLOS M  
3446 SW 8 ST  
214  
MIAMI, FL 33135

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007, 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  
PT  
SANCHEZ, CARLOS M  
3446 SW 8 ST. SUITE # 214  
MIAMI, FL 33135 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VPS  
HERNANDEZ, ALBERTO A SR.  
3446 SW 8 ST. SUITE # 214  
MIAMI, FL 33135 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

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NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Add or

TITLE  
NAME  
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12. I hereby certify that the information supplied on this form 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 "G" or Block "H" changed or on an attached sheet in accordance with the other fee empowered.

SIGNATURE:

*Carlos Sanchez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/07 305-4470072*