


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000087896 1. Entity Name S INVESTMENTS, CORP.	
---	---

Principal Place of Business 1717 NORTH BAYSHORE DRIVE APT. 3851 MIAMI, FL 33132	Mailing Address 1717 NORTH BAYSHORE DRIVE APT. 3851 MIAMI, FL 33132
---	---



03152007 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3849224	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ARGUELLES, DINORAH 1717 NORTH BAYSHORE DRIVE APT. 3851 MIAMI, FL 33132
--

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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

1000000670591
03/27/07-80118-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARGUELLES, DINORAH 1717 NORTH BAYSHORE DRIVE APT. 3851 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FELITAS, ISABEL 1717 NORTH BAYSHORE DRIVE APT. 3851 MIAMI, FL 33132
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	

**DO NOT WRITE
IN THIS SPACE**

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: *DINORAH ARGUELLES* MAR 15/07 305)607 6735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #