

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000098319**  
 1. Entity Name  
**CSI FINANCIAL INVESTMENTS COMPANY, INC.**



Principal Place of Business 6910 BARQUERA ST CORAL GABLES, FL 33146	Mailing Address 6910 BARQUERA ST CORAL GABLES, FL 33146
---	---



04182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 82-0571303	Applied For Not Applicable
5. Certificate of Status Desired A	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LOUMIET, CARLOS  
 C/O HUNTON & WILLIAMS  
 1111 BRICKELL AVE STE 2500  
 MIAMI, FL 33131

**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 CARLOS Loumiet DATE 4/24/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	D VEGA, JUAN 6910 BARQUERA ST CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000533375  
 05/06/06-80118-018 158.75

**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: JUAN A. VEGA, SA. DATE 4/24/06 Daytime Phone # 305-773-2856  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR