2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** May 01, 2006 08:00 Al Secretary of State DOCUMENT # P02000129706 TOMAS & SIMON INVESTMENTS INC. Mailing Address Principal Place of Business 1185 98 STREET 1185 98 STREET MIAMI BEACH, FL 33154 MIAMI BEACH, FL 33154 04282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1563327 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BEDOYA, LILIANA M DO NOT WRITE 1185 98 STREET BAY AHRBOUR ISLAND MIAMI BEACH, FL 33154 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 (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME BEDOYA, LILIANA M 1185 98 ST. BAY HARBOUR ISLAND, SUITE 8 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33154 TITLE 1100000554516 SERNA, JUAN D NAME 05/15/06-80095-015 150.00 1185 95 ST. BAY HARBOUR ISLAND, SUITE 8 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33154 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-S1-ZIP IN THIS SPACE 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

YUUUG II BEDOYAK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04/28/2006

305 450 94 24

Date

Daytime Phone #