04/27/2006 16:04 3053730911 LAW OFFICE

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Secretary of State
05-01-2006 90463 005 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000056144

1. Entity Name
SINFIN HOMES & INVESTMENTS, INC.

60032246

Principal Place of Business	Mailing Address
7345 SW 148 CT. MIAMI, FL 33193	PO BOX 162856 MIAMI, FL 33116

2. Principal Place of Business		3. Mailing Address	
12805 SW 84 AVE/RD		12805 SW 84 AVE/RD	
Suite, Apt. #, etc.: SUITE # 201		Suite, Apt. #, etc.: SUITE # 201	
City & State: MIAMI, FL.		City & State: MIAMI, FL.	
Zip: 33156	Country: DADE	Zip: 33156	Country: DADE

04272006 Chg-P CR2E034 (11/05)

4. FEI Number: 06-1723368 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOMARRON, ARMANDO A
7345 SW 148 CT.
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name: JOMARRON ARMANDO A.
Street Address (P.O. Box Number is Not Acceptable): 12805 SW 84 AVE/RD
City: MIAMI FL Zip Code: 33156

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]
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOMARRON, ARMANDO A 7345 SW 148 CT. MIAMI, FL 33193	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOMARRON, ARMANDO A. 12805 SW 84 AVE/RD MIAMI, FL 33156	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #