

ANNUAL REPORT (AR)

DOCUMENT # P03000068183

1. Entity Name

ELLEN & EDDY INVESTMENT CORP.



FILED
Feb 23, 2007 08:00 AM
Secretary of State



Principal Place of Business

6388 SW 22 ST
 MIAMI FL 33155

Mailing Address

6388 SW 22 ST
 MIAMI FL 33155

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

1st MOORE

CR2E034 (10/06)

4. FEI Number **43-2019526**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARCIA, EDUARDO
6388 SW 22 ST
MIAMI FL 33155

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 11

TITLE Delete
 NAME **ARCIA, EDUARDO**
 STREET ADDRESS **6388 SW 22 ST**
 CITY - ST - ZIP **MIAMI FL 33155**

Change Addition
000000644763
03/02/07-80057-009 150.00

TITLE Delete
 NAME **ARCIA, MYRIAM**
 STREET ADDRESS **6388 SW 22 ST**
 CITY - ST - ZIP **MIAMI FL 33155**

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

Change Addition

TITLE Delete
 NAME
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 CITY - ST - ZIP

Change Addition

TITLE Delete
 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 Section 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:

Myriam Arcia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 20/07
 Date

Daytime Phone #