


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90279 023 ***150.00

DOCUMENT # P03000110108 1. Entity Name F.L.F. INVESTMENTS, INC.	
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Principal Place of Business 4220 SW 134 AVENUE MIAMI, FL 33175	Mailing Address 4220 SW 134 AVENUE MIAMI, FL 33175
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2. Principal Place of Business 8360 W Flagler St Suite, Apt. #, etc. 209	3. Mailing Address 8360 W Flagler St Suite, Apt. #, etc. 209
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City & State Miami, FL	City & State Miami, FL
Zip 33144	Country USA
Zip 33144	Country USA

J00020073

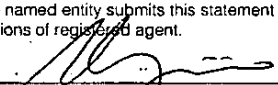


03012005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0347193	Applied For Not Applicable
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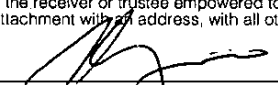
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FEIJOO, INGRID M 4220 SW 134 AVENUE MIAMI, FL 33175	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8360 W Flagler Street Suite 209 City Miami FL Zip Code 33144
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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 3/1/05
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP P FEIJOO, INGRID M 4220 SW 134 AVENUE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP LACAYO, AMERICA E 4234 SW 141 CT. MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 3/1/05 Daytime Phone # 305 479 6755
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