


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000134663 1. Entity Name FORCE INVESTMENT, INC.	
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Principal Place of Business 3337 NW 74 AVE MIAMI, FL 33122	Mailing Address 3337 NW 74 AVE MIAMI, FL 33122
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DO NOT WRITE IN THIS SPACE



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 84-1657257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARVESU, MANUEL M
201 ALHAMBRA CIR STE 502
CORAL GABLES, FL 33134

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8. The above named entry 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 _____ DATE _____
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
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALFONSO, ANTHONY 3337 NW 74 AVE MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALFONSO, ADRIANA 3337 NW 74 AVENUE MIAMI, FL 33122
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 07/05/07-80002-025 150.00

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: Adriana Alfonso **7/3/07** **305-980-4767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #