## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000139571

1. Entity Name

98 INVESTMENTS INC.

FILED Apr 06, 2007 08:00 Al Secretary of State

Principal Place of Business

701 BRICKELL AVENUE

SUITE 1740 MIAMI, FL 33131 Mailing Address

701 BRICKELL AVENUE SUITE 1740 MIAMI, FL 33131



03122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 58-2677824

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DIEGO CALLE, JUAN 701 BRICKELL AVENUE SUITE 1740 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bol	th, in the State of Florid	a. I am familiar wi	th, and accept
SIGNATURE	Signature, typed or printed name of registered agent and Ute	of applicable. (NOTE, Registered	Agent signature	required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees					
10.	OFFICERS AND DIREC	CTORS		-		······································	
THILE NAME STREET ADDRESS CITY-ST-ZIP	PD CALLE, JENARO 141 NE 3RD AVE STE 1100 MIAMI, FL 33132				* } :		
TITLE NAME STREET ADDRESS CITY-ST-Z#P	VDT CALLE, ANA M 141 NE 3RD AVE STE 1100 MIAMI, FL 33132				0000 04/16/0	00692716 7-80011-(	006 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				· IN ·	THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						,	
NAME STREET ADDRESS CITY-ST-ZIP			•				
12. I hereby of indicated	pertify that the information supplied with this fi on this report or supplemental report is true a	ling does not qualify for the exe	mptions cor	ntained in Chapter 119	), Florida Statutes. I fur	ther certify that th	e information cer or director

12. I hereby certify that the information supplied with this filling 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 of 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:

SHATUR AND TYPED OR PRINTED NAME OF SIGNING OFFIC

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