

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90113 026 ***150.00

DOCUMENT # P03000150248

1. Entity Name

336 INVESTMENTS, INC.

Principal Place of Business c/o Jose A. Rodriguez, Esq.	Mailing Address c/o Jose A. Rodriguez, Esq.
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2. Principal Place of Business 100 SE 2nd Street	3. Mailing Address 100 SE 2nd Street
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Suite, Apt. #, etc. Suite 2900	Suite, Apt. #, etc. Suite 2900
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City & State Miami, FL	City & State Miami, FL
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Zip 33131	Country US	Zip 33131	Country US
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4. FEI Number 20-1072340	Applied For <input type="checkbox"/> Not Applicable
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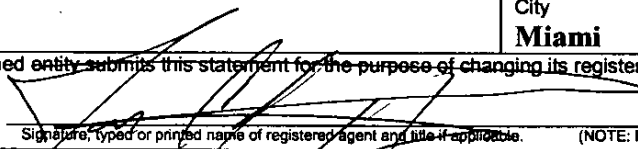
5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and address of New Registered Agent
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Name Jose A. Rodriguez, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 100 S.E. Second Street	
Suite 2900	
City Miami	FL Zip 33131

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.

SIGNATURE  **4/27/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS \$150.00
DUE BY MAY 1, 2005**

**Make Check Payable to
Florida Department of State**

9. MANAGING MEMBERS/ MEMBERS	10. ADDITIONS/ CHANGES
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TITLE NAME STREET ADDRESS CITY-ST-ZIP DPST Rodriguez, Jose 150 Alhambra Circle, Suite 1270 Coral Gables, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DPST Rodriguez, Jose 100 SE 2nd Street, Suite 2900 Miami, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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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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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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  **4/27/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #