

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State



DOCUMENT # P03000150248
 1. Entity Name
336 INVESTMENTS, INC.

Principal Place of Business
C/O JOSE A. RODRIGUEZ, ESQ.
100 SE 2ND ST, SUITE 2900
MIAMI, FL 33131

Mailing Address
C/O JOSE A. RODRIGUEZ, ESQ.
100 SE 2ND ST, SUITE 2900
MIAMI, FL 33131



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1072340

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Applied For Not Applicable

6. Name and Address of Current Registered Agent

RODRIGUEZ, JOSE A
100 SE SECOND ST
SUITE 2900
MIAMI, FL 33131

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | DPST |
| NAME | RODRIGUEZ, JOSE A |
| STREET ADDRESS | 100 SE 2ND ST, SUITE 2900 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: _____ **04/26/06** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #