


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90051 025 ***150.00

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

DO NOT WRITE IN THIS SPACE

40040002



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number
 20-1072340

Applied For
 Not Applicable

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RODRIGUEZ, JOSE A 100 SE 2ND ST, SUITE 2900 MIAMI, FL 33131
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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: *Jose A. Rodriguez* 03/04/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #