


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000018648 Entity Name EAGLE GROUP INVESTMENTS OF FLORIDA, INC.	
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Principal Place of Business 01 ALMERIA AVE CORAL GABLES, FL 33134	Mailing Address 101 ALMERIA AVE CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



01112007 No Chg-P R2E034 (11/05)

4. El Number 20-0769824	Applied For Not Applicable
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ertificate of Status Desired ☐ 8.75 additional  
Fee Required

Name and Address of Current Registered Agent  GUZMAN, HILDA 101 ALMERIA AVE CORAL GABLES, FL 33134
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**DO NOT WRITE  
IN THIS SPACE**

I, 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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 5.00 may Be Added to Fees	U000000605431 01/30/07-80038-005 150.00
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OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ RIVERA, CARLOS M 101 ALMERIA AVE CORAL GABLES, FL 33134
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IN THIS SPACE**

2. 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: *Carlos M. Benitez Rivera* JAN. 15<sup>th</sup>, 07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime home #