2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051499

City-St-Zip:

Entity Name: PROFESSIONAL INVESTMENTS & CONSULTING, INC.

FILED Mar 20, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5755 WEST 20 AVENUE				16275 SW	88 ST		
STE 212 HIALEAH,	FL 33012			#211 MIAMI, FL	33196		
Current Mailing Address:				New Mailing Address:			
P.O. BOX 4583 HIALEAH, FL 33014				16275 SW 88 ST #211 MIAMI, FL 33196			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
STE 212	GISELA BT 20 AVENUE 33012 US			GARCIA, C 16275 SW #211 MIAMI, FL	88 ST	i	
	e named entity s e of Florida.	submits this statement for the	purpose of	changing i	ts registere	ed office or	registered agent, or both,
SIGNATURE:						(03/20/2007
	Electron	ic Signature of Registered Ag	jent				Date
Election Car	mpaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Title: Name: Address: City-St-Zip:	TAYBO, LISET	Delete AVENUE, STE 212 3012		Title: Name: Address: City-St-Zip:	P TAYBO, LIS 16275 SW MIAMI, FL	88 ST #211	() Addition
Title: Name: Address: City-St-Zip:	GARCIA, GEÌSÌ	AVENUE, STE 212		Title: Name: Address: City-St-Zip:	VP GASCON, A 16275 SW MIAMI, FL	88 ST #211	() Addition
Title: Name: Address: City-St-Zip:	GARCIA, GISEI	AVENUE, STE 212		Title: Name: Address: City-St-Zip:	S GARCIA, G 16275 SW MIAMI, FL	88 ST #211	() Addition
Title: Name: Address:	()	Delete		Title: Name: Address:	D GARCIA, G 16275 SW	()Change EISHA R 88 ST #211	(X) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: MIAMI, FL 33196

SIGNATURE: GISELA GARCIA S 03/20/2007