2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000055163

Entity Name: FINVESTOR CORP.

FILED Jul 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

896 N. FEDERAL HWY #123 4300 10.TH AVENUE LANTANA, FL 33462 LAKE WORTH, FL 334620

Current Mailing Address: New Mailing Address:

896 N. FEDERAL HWY #123 245 SE 1ST STREET SUITE 225 LANTANA, FL 33462 MIAMI, FL 33131

FEI Number: 20-0946378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LASSILA, MATTI LASSILA, MATTI 2900 NORWAY PINE LANE 896 N. FÉDERAL HWY #123 LANTANA, FL 33462 US LANTANA, FL 33462

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: MATTI LASSILA 07/14/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

Name: LASSILA, MATTI Name: LASSILA, MATTI 896 N. FEDERAL HWY #123 2900 NORWAY PINB LANE Address: Address:

LANTANA, FL 33462 City-St-Zip: LANTANA, FL 33462 City-St-Zip:

() Delete Title: DV Title: (X) Change () Addition Name: LASSILA, EEVA-MAIJA Name: LASSILA. EEVA-MAIJA

896 N. FEDERAL HWY #123 Address: 2900 NORWAY PINE LANE Address: LANTANA, FL 33462 LANTANA, FL 33462 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: MATTI LASSILA DP 07/14/2005