FILED Feb 21, 2007 8:00 am 2007 FOR PROFIT CORPORATION ANNUAL REPORT Secretary of State DOCUMENT # P04000065956 02-21-2007 90028 015 ***150.00 1. Entity Name CASA BONITA INVESTMENTS GROUP, INC. Principal Place of Business Mailing Address 40055100 390 N.E. 125TH STREET 390 N.E. 125TH STREET STE. #1 STE. #1 MIAMI, FL 33161 MIAMI, FL 33161 02072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1029422 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent LOPEZ, FRANK DO NOT WRITE 10213 N.W. 57TH STREET F.L. DORAL!FL 33178 IN THIS SPACE 12281, S.W. 65+. FL 33184 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 SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing - -FILE-NOWIII-FEE-IS-\$150.00-After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LOPEZ, FRANK NAME 12281 S.W. 6St. STREET ADDRESS 10213 N.W. 57TH STREET Hiani FL33184 CITY-ST-ZIP DORAL, FL 33178 TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:

TITLE -NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATO OFFICER OR DRECTOR

FEB - 8 2007

786-344-9862

Daytime Phone