


FILED  
Feb 09, 2005 8:00 am  
Secretary of State

01-18-2005 90057 007 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P04000071834</b>		
1. Entity Name E & R PROPERTY INVESTMENTS CORPORATION		
Principal Place of Business 650 WEST 18 ST. HIALEAH, FL 33010		Mailing Address 650 WEST 18 ST. HIALEAH, FL 33010
2. Principal Place of Business 670 W. 18 street		3. Mailing Address 670 W. 18 <sup>th</sup> ST
City & State Hialeah, FL		City & State Hialeah, FL
Zip 33010		Country USA
4. FEI Number 84-1647003		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RODRIGUEZ EDUARDO 650 WEST 18 ST. HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name: Eduardo Rodriguez Street Address (P.O. Box Number is Not Acceptable): 670 West 18 Street City: Hialeah FL Zip Code: 33010
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: <i>Eduardo Rodriguez</i> (NOTE: Registered Agent signature required when refreshing) DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P NAME: RODRIGUEZ, EDUARDO STREET ADDRESS: 650 WEST 18 ST. CITY-ST-ZIP: HIALEAH, FL 33010	<input type="checkbox"/> Delete	TITLE: P NAME: Rodriguez Eduardo STREET ADDRESS: 670 West 18 Street CITY-ST-ZIP: Hialeah, FL 33010
TITLE: VS NAME: RODRIGUEZ, ROGELIO STREET ADDRESS: 650 WEST 18 ST. CITY-ST-ZIP: HIALEAH, FL 33010	<input type="checkbox"/> Delete	TITLE: VS NAME: Rodriguez Rogelio STREET ADDRESS: 670 West 18 Street CITY-ST-ZIP: Hialeah, FL 33010
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(0), 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 files empowered.		
SIGNATURE: <i>Eduardo Rodriguez</i>		Date: 1-12-05 (305) 889-0616

66001526



01122005 Chg-P CR2E034 (10/03)