2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 08:00 AN DOCUMENT # P04000071834 Secretary of State E & R PROPERTY INVESTMENTS CORPORATION Principal Place of Business Mailing Address 670 WEST 18 ST. 670 WEST 18 ST. HIALEAH, FL 33010 HIALEAH, FL 33010 04192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 84-1647003 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, EDUARDO DO NOT WRITE 670 WEST 18 ST. HIALEAH, FL 33010 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstitting) DATE 9. Election Campaion Financino \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME RODRIGUEZ, EDUARDO STREET ADDRESS 670 WEST 18 STREET U00000527146 CITY_ST_7/P HIALEAH, FL 33010 05/04/06-80101-012 150.0d TITLE RODRIGUEZ, ROGELIO NAME STREET ADDRESS 670 WEST 18 STREET CITY-ST-ZIP HIALEAH, FL 33010 TILE STREET ADDRESS DO NOT WRITE CITY-ST-7P MLE IN THIS SPACE NAME STREET ADDRESS CITY-51-719 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

MER AND TYPED OR PRINTED NAME OF GRAING OFFICER OR DIRECTOR

4-19-06

305 889-0616

Daytime Phone #