2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2007 08:00 A Secretary of State

ANNUAL REPURI						G 10, 2007	00
DOCUMENT # P04000071834 1. Entity Name						Secretary of	S
E&RPR	OPERTY INVESTMENTS CO	RPORATION					
Principal Place	e of Business	Mailing Address		1			
670 WEST 18 Hialeah, Fl		670 WEST 18 ST. HIALEAH, FL 33010			II 88111 87811 8890 88111 88	M BBM (2881 1882 3872 MM BM188) 31 18	1 1
D	O NOT WRITE	CE	03132007 4. FEI Numb	No Chg-P	CR2E034 (11/05)	or	
•				84-164	17003	Not Applic	able
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent					
RODRIGUEZ, EDUARDO 670 WEST 18 ST. HIALEAH, FL. 33010			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for ti	ne purpose of changing its register	ed office or register	red agent, or bo	oth, in the State of Fl	orida. I am familiar with, and acc	cept
SIGNATURE_	Signature, typed or printed name of registered agent and	tille if applicable (NOTE Registers	ed Agent signalure required	d when reinstaling)		DATE	,
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees	<u>00000</u> 03/27/07	0669369 -80068-015 150.00)
10.	OFFICERS AND DI	RECTORS "					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, EDUARDO 670 WEST 18 STREET HIALEAH, FL 33010						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RODRIGUEZ, ROGELIO 670 WEST 18 STREET HIALEAH, FL 33010						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN.	THIS SI	PACE	ĺ
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME			1				

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP

Education Full Signature and typed or printed hampon signature and typed or printed hampon signing officer or director

3/13/2007

305 889-0616

Daylime Phone #