


**2007.FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # P04000101200 1. Entity Name DESTINY INVESTORS, INC.	
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Principal Place of Business 18350 NW 2ND AVE SUITE 401 MIAMI, FL 33169	Mailing Address 18350 NW 2ND AVE SUITE 401 MIAMI, FL 33169
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03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 77-0647756	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

OVIASOGIE, PHILIP
18350 NW 2ND AVE SUITE 401
MIAMI, FL 33169

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVIASOGIE, PURIFICACION 18350 NW 2ND AVE SUITE 401 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVIASOGIE, PHILIP 3404 SHERATON PLACE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/19/07-80041-013 150.00

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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: Philip Oviasogie PHILIP OVIASOGIE 4/5/07 305-785-5727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #