2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # P04000121897 Apr 24, 2006 08:00 AN 1. Entity Name **Secretary of State** D. FLORIDIAN INVESTMENTS, INC. Principal Place of Business Mailing Address 14201 SW 139 COURT 14201 SW 139 COURT **MIAMI FL 33186** MIAMI FL 33186 2. Principal Place of Business 3. Marling Address Suite, Apt. #, etc. Suite, Apt. # etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-1537387 Not Applicable Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SANTOS, MARIA E Street Address (P.O. Box Number is Not Acceptable) 13771 SW 38TH STREET MIAMI FL 33175 City Zip Code 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 wher-rejustating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change NAME JIMENEZ, DANNY NAME STREET ADDRESS 2451 BRICKELL AVENUE, #18C STREET ADDRESS CITY-ST-ZIP MIAMI FL 33129 CITY-ST-ZIP TITEF Delete TITLE ☐ Change Addition NAME SANTOS, MARIA E MAME STREET ADDRESS 13771 SW 38TH STREET STREET ADDRESS CITY-ST-ZiP **MIAMI FL 33175** CITY-ST-ZIP TITLE ☐ Delete HILL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP ☐ Detete TITLE TOTE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-702 CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

TURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR