2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139730

Entity Name: FISHER ISLAND INVESTMENTS, INC.

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
ONE FISHE	ER ISLAND DR AND, FL 3310	IVE			•		
Current Mailing Address:				New Mailing Address:			
ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109							
FEI Number:	20-1953574	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of Status Desi	ired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
DE LA CRUZ, LUIS F JR 2 ALHAMBRA PLAZA PH-2C CORAL GABLES, FL 33134 US				REBAK, JOSEPH L 1441 BRICKELL AVENUE, 15TH FLOOR MIAMI, FL 33131 US			
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.							
SIGNATURE: JOSEPH L REBAK				04/22/2008			
	Electronic	Signature of Registered Agent	-			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C/D () [KAY, JOSEPH ONE FISHER ISL FISHER ISLAND			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	P () [FONG, MICHAEL ONE FISHER ISL FISHER ISLAND	AND DRIVE		Title: Name: Address: City-St-Zip:	SOSA, ROBERTONE FISHER IS		
Title: Name: Address: City-St-Zip:	VP ()[SILVA, GAELE ONE FISHER ISL FISHER ISLAND			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	T () I SOSA, ROBERTO ONE FISHER ISL FISHER ISLAND	AND DRIVE		Title: Name: Address: City-St-Zip:	DIEUDE, CARIN		
Title: Name: Address: City-St-Zip:	S () I DIEUDE, CARINE ONE FISHER ISL FISHER ISLAND	AND DRIVE		Title: Name: Address: City-St-Zip:	HAY, SUZANNE	/ILLE ROAD, SUITE 400	
Title: Name: Address: City-St-Zip:	HAY, SUZANNÉ I	LLE ROAD, SUITE 400		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO A SOSA P 04/22/2008