
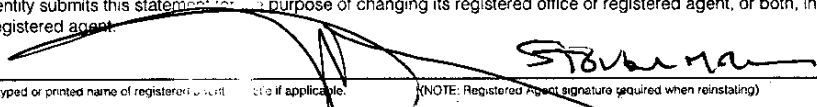
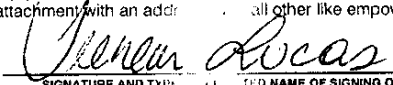


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90043 045 \*\*\*150.00

<b>DOCUMENT # P04000145399</b> 1. Entity Name <b>PUT GOD 1ST INVESTMENT, INC.</b>			
Principal Place of Business <b>5601 BISCAYNE BLVD MIAMI, FL 33137</b>		Mailing Address <b>5601 BISCAYNE BLVD MIAMI, FL 33137</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>  <b>ROSEN, STEVEN M ESQ 5601 BISCAYNE BLVD MIAMI, FL 33137</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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:  <span style="float: right;">3/15/05</span> <small>Signature, typed or printed name of registered agent, or both, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, TEENEAR 8205 N.W. 157 TERRACE MIAMI LAKES, FL 33104	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUFFRANT, YVONNE 16711 N.W. 79TH AVE MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied on this report or supplemental report of the corporation or the receiver or trustee 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 and that my name appears in Block 10 or Block 11 if applicable; and that I am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if applicable.			
<b>SIGNATURE:</b> 		Date: <span style="float: right;"><b>3/15/05</b></span> Daytime Phone #: <span style="float: right;"><b>305-755-3100</b></span>	
SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR		DATE	