


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90049 001 ***150.00

DOCUMENT # P04000168630 1. Entity Name 11SW8760 INVESTMENTS, INC.					
Principal Place of Business 12900 SW 89TH COURT MIAMI, FL 33176			Mailing Address 12900 SW 89TH COURT MIAMI, FL 33176		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	MGRM		<input type="checkbox"/> Delete		
NAME	GARCIA, JR, ROLAND		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	12900 SW 89 COURT		TITLE		
CITY-ST-ZIP	MIAMI, FL 33173		NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			TITLE		
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			TITLE		
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____			_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			Date Daytime Phone #		