2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000168656

1. Entity Name

4SW8850 INVESTMENTS, INC.

Principal Place of Business	Mailing Address
12900 SW 89TH CT MIAMI, FL 33176	12900 SW 89TH CT MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

01282008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2081215	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE SUITE 601
CORAL GABLES, FL 33134

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

U00000940077
05/28/08-80053-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	MGRM
NAME	GARCIA, ROLAND
STREET ADDRESS	12900 SW 89TH COURT
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Roland Garcia Jr._   4/21/08   305 234 3815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #