

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000002402

FILED
Aug 31, 2006
Secretary of State

Entity Name: MEDICI INVESTMENTS INC

Current Principal Place of Business:

1325 N.W. 118 STREET
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

1325 N.W. 118 STREET
MIAMI, FL 33167

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PUENTES, JORGE
1325 N.W. 118 STREET
MIAMI, FL 33167 US

Name and Address of New Registered Agent:

PUENTES, MARGARITO
1325 N.W. 118 STREET
MIAMI, FL 33167 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: MARGARITO PUENTES

08/31/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: PUENTES, MARIA
Address: 1325 N.W. 118TH STREET
City-St-Zip: MIAMI, FL 33167

Title: SEC () Delete
Name: PUENTES, MAILEEN
Address: 1325 N.W. 118 STREET
City-St-Zip: MIAMI, FL 33167

Title: P () Delete
Name: PUENTES, MARGARITO
Address: 1325 N.W. 118 STREET
City-St-Zip: MIAMI, FL 33167

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: PUENTES, JORGE
Address: 1325 N.W. 118 STREET
City-St-Zip: MIAMI, FL 33167

I hereby certify that the information supplied with this filing does not qualify for the 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: JORGE PUENTES

P

08/31/2006

Electronic Signature of Signing Officer or Director

Date