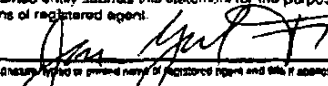
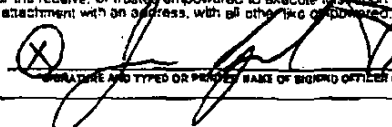


FILED
May 15, 2006 8:00 am
Secretary of State

04-24-2006 90453 005 ***158.75

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000032680			
1. Entity Name PARTNERS AND INVESTORS, CORP.			
Principal Place of Business 1900 SW 3RD AVE MIAMI, FL 33129		Mailing Address 1900 SW 3RD AVE MIAMI, FL 33129	
2. Principal Place of Business 318 Indian trace		3. Mailing Address 318 Indian trace	
Suite, Apt. #, etc. # 451		Suite, Apt. #, etc. # 451	
City & State Weston, FL		City & State Weston, FL	
Zip 33326		Country USA	
Zip 33326		Country USA	
4. FEI Number 20-4241758		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent POWELL-COSIO, SOFIA 1900 SW 3RD AVE MIAMI, FL 33129		7. Name and Address of New Registered Agent Name JAIME GAMBOA Street Address (P.O. Box Number is Not Acceptable) 318 INDIAN TRACE # 451 City WESTON FL Zip Code 33326	
6. 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  DATE 04/07/06 (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$150.00 After May-1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS GAMBOA, JAIME 1900 SW 3RD AVE MIAMI, FL 33129 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 116, 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 007, 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 corporations.			
SIGNATURE: 		04/07/06 (754) 6591615	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66016361



01082006 Chg-P CR2E034 (11/05)