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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.

66016361

Principal Place of Business
1900 SW 3RD AVE
MIAMI, FL 33129

Mailing Address
1900 SW 3RD AVE
MIAMI, FL 33129

01082006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
318 Indian trace	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

6. 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

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) DATE 04/07/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	DPS	☐ Delete
NAME	GAMBOA, JAIME	
STREET ADDRESS	1900 SW 3RD AVE	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: ⊗ (signature) 04/07/06 (954)6591615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #