

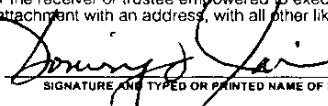


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000037958 1. Entity Name JORRIN PROPERTY INVESTMENTS INC.						FILED 07 SEP 18 AM 9:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3435 SW 6TH STREET MIAMI, FL 33135				Mailing Address 3435 SW 6TH STREET MIAMI, FL 33135			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 901 Ponce de Leon Blvd.					
Suite, Apt. #, etc. Suite 606		Suite, Apt. #, etc. Suite 606					
City & State Coral Gables, FL		City & State Coral Gables, FL					
Zip 33134		Country		4. FEI Number 20-2488166		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				09112007 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent JORRIN, DOMINGO 3435 SW 6TH STREET MIAMI, FL 33135				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JORRIN, DOMINGO 3435 SW 6TH STREET MIAMI, FL 33135 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700109550487 09/18/07--01015--021 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUIZ, MILDALYS 3435 SW 6TH STREET MIAMI, FL 33135 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRATS, BARBARA 1221 NW 4TH STREET MIAMI, FL 33125 <input type="checkbox"/> Delete			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"/> Delete			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"/> Delete			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"/> Delete			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: 				9-11-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			