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May 02, 2007 8:00 am
Secretary of State

04-16-2007 90067 045 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

66012535

04112007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000115390

1. Entity Name
FLORIDA INVESTMENT & FINANCIAL GROUP CORP

Principal Place of Business	Mailing Address
~~11373 W FLAGLER STREET SUITE 203~~ ~~MIAMI, FL 33174~~	~~11373 W FLAGLER STREET SUITE 203~~ ~~MIAMI, FL 33174~~

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
7875 NW 12 ST.		7875 NW 12 ST.	
Suite, Apt. #, etc.: #101		Suite, Apt. #, etc.: #101	
City & State: MIAMI FL		City & State: MIAMI FL	
Zip: 33126	Country: USA	Zip: 33126	Country: USA

4. FEI Number 20-3323528 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, PABLO
~~11373 W FLAGLER STREET SUITE 203~~
~~MIAMI, FL 33174~~

7. Name and Address of New Registered Agent

Name: GARCIA PABLO
Street Address (P.O. Box Number is Not Acceptable): 7875 NW 12 ST.
#101
City: MIAMI FL Zip Code: 33126

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 (x) REGISTERED AGENT 04/11/07
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, 2007 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	D GARCIA, PABLO ~~11373 W FLAGLER STREET SUITE 203~~ ~~MIAMI, FL 33174~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, PABLO 7875 NW 12 ST MIAMI FL. 33126	☒ 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 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: (x) PABLO GARCIA DIRECTOR 04/11/07 (305) 5937787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #