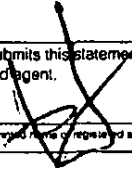
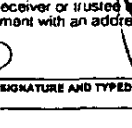


FILED
May 02, 2007 8:00 am
Secretary of State

04-16-2007 90067 045 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000115390			
1. Entity Name FLORIDA INVESTMENT & FINANCIAL GROUP CORP			
Principal Place of Business 11373 W FLAGLER STREET SUITE 203 MIAMI, FL 33174		Mailing Address 11373 W FLAGLER STREET SUITE 203 MIAMI, FL 33174	
2. Principal Place of Business - No P.O. Box # 7875 NW 12 ST.		3. Mailing Address 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 		REGISTERED AGENT 04/11/07 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 D NAME GARCIA, PABLO ☒ Delete STREET ADDRESS 11373 W FLAGLER STREET SUITE 203 CITY-ST-ZIP MIAMI, FL 33174		TITLE D NAME GARCIA, PABLO ☒ Change ☐ Addition STREET ADDRESS 7875 NW 12 ST CITY-ST-ZIP MIAMI FL 33126	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete 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: 		DIRECTOR 04/11/07 (305) 5937787 Date Daytime Phone	