

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000120449

FILED
Feb 15, 2007
Secretary of State

Entity Name: FRF INVESTMENTS, CORP.

Current Principal Place of Business:

536 BILTMORE WAY
CORAL GABLES, FL 33134

New Principal Place of Business:

2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134

Current Mailing Address:

536 BILTMORE WAY
CORAL GABLES, FL 33134

New Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134

FEI Number: 20-3407415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CUEVAS, ANDREW ESQ
536 BILTMORE WAY
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PRATS FERNANDEZ & CO, PA.
2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134 US

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.

SIGNATURE: GABRIEL PRATS

02/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: FACCINI, GIOVANNI
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: DT () Delete
Name: MEDINA, INES
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: FACCINI, GIOVANNI
Address: 2121 PONCE DE LEON BLVD 240
City-St-Zip: CORAL GABLES, FL 33134

Title: DT (X) Change () Addition
Name: MEDINA, INES
Address: 2121 PONCE DE LEON BLVD 240
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIOVANNI FACCINI

DPS

02/15/2007

Electronic Signature of Signing Officer or Director

Date