


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05Q00121160</b>	
1. Entity Name CYPRESS SHORES INVESTMENTS, INC.	

Principal Place of Business 362 RAINFOREST COURT OLDSMAR, FL 34677	Mailing Address 362 RAINFOREST COURT OLDSMAR, FL 34677
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0572446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VALLAR, GIORGIO  
501 E. KENNEDY BLVD  
SUITE 1700  
TAMPA, FL 33602

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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 *Giorgio Vallar* Giorgio Vallar 4/30/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALLAR, GIORGIO 362 RAINFOREST COURT OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALLAR, APRIL 362 RAINFOREST COURT OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, CANDIDO 5831 IMPERIAL KEY TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, TINA Y 5831 IMPERIAL KEY TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000945801  
05/30/08-80018-002 150.00

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: *Giorgio Vallar* Giorgio Vallar 4/30/08 813-818-4711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #