


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90032 011 ***150.00

DOCUMENT # P06000028292

1. Entity Name
FATHER INVESTMENT CORP



Principal Place of Business Mailing Address

~~504 E 9 STREET~~ ~~504 E 9 STREET~~
~~HALEAH, FL 33010 US~~ ~~HALEAH, FL 33010 US~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address


Suite, Apt. #, etc. Suite, Apt. #, etc.

9230 SW 22 Terrace
MIAMI FL

City & State City & State

Zip Country Zip Country

33165



04042007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For / Not Applicable

APPLIED FOR

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

RODRIGUEZ, ANDRES
594 E 9 STREET
HALEAH, FL 33010

Name
 Street Address (P.O. Box Number is Not Acceptable)
9230 S.W. 22 Terrace
 City *MIAMI FL* Zip Code *33165*

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 *[Signature]* DATE *4/4/07*

(NOTE: Registered Agent signature required when reinstating)

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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ANDRES	NAME	
STREET ADDRESS	594 E 9 STREET <i>9230 SW 22 Terrace</i>	STREET ADDRESS	
CITY-ST-ZIP	HALEAH, FL 33010 <i>MIAMI, FL 33165</i>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* Date *4/4/07* Daytime Phone # *(305) 407-6260*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR