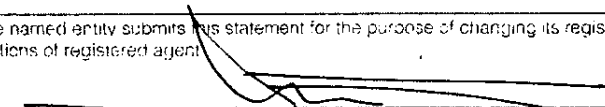


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000060130					
1. Entity Name FIRST TRUST INVESTMENT GROUP CO					
Principal Place of Business 15495 EAGLE NEST 140 MIAMI LAKES FL 33014			Mailing Address 15495 EAGLE NEST 140 MIAMI LAKES FL 33014		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4777041	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐			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		
RAMIREZ, ALEXANDER T 15495 EAGLE NEST 140 MIAMI LAKES FL 33014			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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  DATE 1/30/08					
Signature typed or printed name of registered agent with title. (NOTE: Registered Agent signature required when changing office.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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 ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	FILERI, ANTONIO		NAME	U000000812360	
STREET ADDRESS	15495 EAGLE NEST, SUITE 140		STREET ADDRESS	02/12/08-80044-005 150.00	
CITY-ST-ZIP	MIAMI LAKES FL 33014		CITY-ST-ZIP		
TITLE	VP ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	SABINA, MITCHEL		NAME		
STREET ADDRESS	15495 EAGLE NEST, SUITE 140		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33014		CITY-ST-ZIP		
TITLE	T ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	RAMIREZ, ALEXANDER		NAME		
STREET ADDRESS	15495 EAGLE NEST, SUITE 140		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33014		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/07)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08

Page 1 of 1