
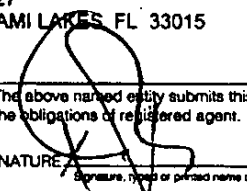
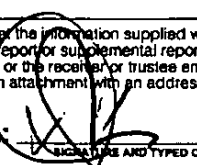


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/19/2007-90207-021-\$150.00-\$150.00

<b>DOCUMENT # P06000145503</b> 1. Entity Name LLP INVESTMENTS, INC.																											
Principal Place of Business 5571 SW 136TH COURT MIAMI, FL 33175		Mailing Address 5571 SW 136TH COURT MIAMI, FL 33175																									
2. Principal Place of Business - No P.O. Box # <b>1610 SE 30 ST</b>		3. Mailing Address Suite, Apt. #, etc.																									
City & State <b>Homestead FL</b>		City & State Suite, Apt. #, etc.																									
Zip <b>33035</b>		Country <b>MIAMI-Dade</b>																									
4. FEI Number 04162007 Chg-P CR2E034 (12/06)		<input checked="" type="checkbox"/> 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 BLANCO, RODOLFO M ESQ. 6073 NW 187TH STREET C-27 MIAMI LAKES FL 33015																									
7. Name and Address of New Registered Agent Name <b>LAZARO L. PEREZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>1610 SE 30 STREET</b> City <b>Homestead</b> <b>FL</b> Zip Code <b>33035</b>		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 <b>4/16/07</b>																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007, Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP  <b>P PEREZ, LAZARO L</b>  <b>5571 SW 136TH COURT</b>  <b>MIAMI, FL 33175</b> </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>P PEREZ, LAZARO L</b> <b>5571 SW 136TH COURT</b> <b>MIAMI, FL 33175</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP  <b>P PEREZ, LAZARO L.</b>  <b>1610 SE 30 STREET</b>  <b>Homestead FL 33035</b> </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>P PEREZ, LAZARO L.</b> <b>1610 SE 30 STREET</b> <b>Homestead FL 33035</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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. <b>SIGNATURE:</b>  <b>4/16/07</b> <b>786-2262914</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>																											

FILED  
07 MAY 16 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

