

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000074881

FILED
May 06, 2008
Secretary of State

Entity Name: OUR FINANCIAL HOLDINGS, INC.

Current Principal Place of Business:

422 E. SAMPLE ROAD
POMPANO BEACH, FL 33064

New Principal Place of Business:

1790 SW 22ND STREET
SUITE 201
MIAMI, FL 33145

Current Mailing Address:

422 E. SAMPLE ROAD
POMPANO BEACH, FL 33064

New Mailing Address:

1790 SW 22ND STREET
SUITE 201
MIAMI, FL 33145

FEI Number: 26-0463504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MACAULAY, ROBERT B
2525 PONCE DE LEON BOULEVARD, STE. 400
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GONZALEZ, FRANCISCO J ESQ
2525 PONCE DE LEON BOULEVARD
STE 400
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: FRANCISCO J. GONZALEZ

05/06/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GONZALEZ, FRANCISCO J
Address: 2525 PONCE DE LEON BLVD., STE. 400
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ALIREZA G., OMAR F
Address: 422 E. SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL 33064

Title: D () Delete
Name: SANTANDREU LOPEZ, EMILIO
Address: 422 E. SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL 33064

Title: D (X) Delete
Name: DE SANTANDREU, VIGMA P
Address: 422 E. SAMPLE ROAD
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALIREZA, OMAR F
Address: 1790 SW 22ND STREET, SUITE 201
City-St-Zip: MIAMI, FL 33145

Title: D (X) Change () Addition
Name: SANTANDREU, EMILIO M
Address: 1790 SW 22ND STREET, SUITE 201
City-St-Zip: MIAMI, FL 33145

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: OMAR F. ALIREZA

D

05/06/2008

Electronic Signature of Signing Officer or Director

Date