

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90031 028 ***150.00

DOCUMENT # P07000123723	
1. Entity Name DE FAMILY INVESTMENTS, INC.	

Principal Place of Business 4425 PONCE DE LEON BOULEVARD 4TH FLOOR CORAL GABLES, FL 33146	Mailing Address 4425 PONCE DE LEON BOULEVARD 4TH FLOOR CORAL GABLES, FL 33146
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. *	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40010001



01302008 Chg-P CR2E034 (12/06)

4. FEI Number 26-1437468	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KEYES, MICHAEL I 150 W FLAGLER STREET SUITE 2300 MIAMI, FL 33130	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
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ERTEL, DAVID
4425 Ponce de Leon Blvd, 4th Fl.
CORAL GABLES FL 33146

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____ Daytime Phone #
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DAVID ERTTEL, Director

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