

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

06-20-2006 90013 030 \*\*\*550.00

<b>DOCUMENT # P24612</b> 1. Entity Name 5.200 INVESTMENTS, LTD., INC.					
Principal Place of Business 1314 E LAS OLAS BLVD #285 FORT LAUDERDALE, FL 33301 US			Mailing Address 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 806 Douglas Rd Suite 580 Coral Gables FL Zip 33134 Country O.S		4. FEI Number 65-0190929 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 GARBATI, MARIA CLARA 1314 E LAS OLAS BLVD STE 285 FORT LAUDERDALE, FL 33301			
7. Name and Address of New Registered Agent Name Registered Agent Corporate Services Inc Street Address (P.O. Box Number is Not Acceptable) 806 Douglas Rd Suite 580 City Coral Gables FL Zip Code 33134		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: <u>Betsy Parenti</u> Betsy Parenti, Assit. Secretary 6/14/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAURIA, JESUS A 1314 E LAS OLAS BLVD STE 285 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARBATI, MARIA C 1314 E LAS OLAS BLVD STE 285 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Maria C Garbati</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			06/07/06 9546533123 <small>Date Daytime Phone #</small>		