06-13-2007 90004 014 \*\*\* 150.00 P92000005314

## 2007 FOR PROFIT CORPORATION

ANNUAL REPORT					FILEU				
DOCUMENT # P9200005314  1. Entity Name WILLIAMS INVESTMENTS INC.					07 JUL - AM 9:51				
Principal Plac 800 NW 197 MIAMI, FL 3.	TERRACE	Mailing Address 800 NW 197 TERRACE MIAMI, FL 33169		40	<b>160</b> 0444	aut SE	FIC	RIDA	
Principal Place of Business - No P.O. Box # 3, Mailing Address									
Suite, Apt.	#. etc.	Suite, Apt #, etc.			05302007	Chg-P CR2E034 (12/06)			
City & State		City & State				4. FEI Number Applied Fc 65-0436937 Not Applie			plied For Applicable
Zip	Country	Zip	Country		5. Certificate	ol Status Desired		75 Add Required	
·	6. Name and Address of Current	Registered Agent	Name		7. Name and	Address of New I	Registered Agen	t	
WILLIAMS, WARREN 800 NW 197 TERRACE				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33169						····			
			City				FL <sup>2</sup>	Zip Code	a
the obligat	named entity submits this statement folions of registered agent.  Synatre: typed or printed name of registered agent.  LE NOWILL FEE IS \$150.00	, -	Registered Agent is grab	49 rėdysiad			DATE		
	ue by September 14, 2007	Trust Fund Contr			led to Fees	corporation did	with s. 607,193 not receive the	(2)(0), prior r	1.5., the
10.	OFFICERS AND		11.	r	ADDITIONS	CHANGES TO OF			
NAME STREET ADDRESS CITY ST-ZIP	WILLIAMS, WARREN 800 NW 197 TERRACE MIAMI, FL 331693162	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP				LJ	Change	Addition
TITLE NAME SIREEI AOORESS CITY-SI-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP				0	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP	(	17/5		0	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	ITTLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	IFILE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Deletz	TITLE NAME STREET ADDRESS CITY ST ZIP					Change	Addition
12. I hereby indicated	certify that the information supplied with     on this report or supplemental report is     reportation or the receiver or trustee employees.	s true and accurate and that r	r the exemptions on signature shall h	ave the	same legal effec	ct as if made under	oath; that I am ac	n officer	or director

of the corporation of the receiver of 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 altachment with an address, with all others in the empowered with an address, with all others in the empowered with an address, with all others in the empowered with a signature of the empowered of the