2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2008 08:00 A Secretary of State

	ANNUAL REP	<u>UNI</u>
DOCUM	ENT # P93000008945	· (

1. Entity Name

ROLY FERNANDEZ INVESTMENTS, INC.



Principal Place of Business

21500 S.W. 183 AVENUE MIAMI, FL 33187 Mailing Address

9500 S. DADELAND BLVD 360

MIAMI, FL 33156



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 65-0408677 Not Applicable

5. Certificate of Status Desired \$8.75 Additional

5. Certificate of a

Fee Required

FERNANDEZ, JULIO 21500 S.W. 183 AVENUE MIAMI, FL 33187

DO NOT WRITE IN THIS SPACE

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							
одняцию, уувот и риккор на не дваста по виде в аррисарие. — (пол с: падавано лувит віднацие гасрива мнет сентавичу) — — — — — — — — — — — — — — — — — — —							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution,	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, JULIO 21500 S.W. 183 AVENUE MIAMI, FL 33187				U00000867709 04/08/08-80082-015 150.00		
TITLE							
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN [*]	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.				`.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					٠,		

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:

SIGNATUSE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/08 78629541825

Daytime Phone #