## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 24, 2005 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P95000000005 1. Entity Name FLAGLER INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 15224 S.W. 72ND STREET 15224 S.W. 72ND STREET MIAMI, FL 33193 MIAMI, FL 33193 01192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0539733 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent GUIRIBITEY, ELSA A DO NOT WRITE 3642 S.W. 147TH COURT MIAMI, FL 33185 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. Signature, typed or printed name of registered egent and little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE GUIRIBITEY, ELSA A NAME STREET ADDRESS 3642 S.W. 147TH COURT MIAMI, FL 33185 CITY-ST-ZIP UUUUU0241527 <u>24</u>/05-80049-018 150.00 THILE GUIRIBITEY, RICARDO NAME STREET ADDRESS 3642 S.W. 147TH COURT CITY-ST-ZIP MIAMI, FL 33185 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3X), 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/05

Daytime Phone #

FILED