2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000000005

1. Entity Name FLAGLER INVESTMENT GROUP, INC.



FILED Apr 03, 2006 08:00 AM Secretary of State

Principal Place of Business

15224 S.W. 72ND STREET MIAMI, FL 33193

Mailing Address

15224 S.W. 72ND STREET MIAMI, FL 33193



Fee Required

DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) No Chg-P 01092006 Applied For 4. FEI Number 65-0539733 Not Applier \$8.75 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

GUIRIBITEY, ELSA A 3642 S.W. 147TH COURT MIAMI, FL 33185

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The above named entity submits this statement for the purpose of change the obligations of registered agent.	ng its registered office or registered agent, or b	oth, in the State of Florida.) am familiar with, and accept
SIGNATURE Signature, typed on privided name of registered egent and title it expricable	(NOTE: Registered Agent signature required when reinstating)	·	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

3. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10 TITLE GUIRIBITEY, ELSA A NAME STREET ADDRESS 3642 S.W. 147TH COURT MIAMI, FL 33185 CITY-ST-ZIP SIFLE GUIRIBITEY, RICARDO MARKE STREET ADDRESS 3542 S.W. 147TH COURT MIAMI, FL 33185 CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-27P TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE MANAGE STREET ADDRESS CHY-SI-DP TITLE NAME

U000001488337 04/17/06 80002-024 150.00

DO NOT WRITE IN THIS SPACE

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 path, 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR