2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # P95000056235

1. Entity Name

SOUTH FLORIDA INVESTMENTS GROUP SRV., INC.



Principal Place of Business

2900 N.W. 33RD AVE MIAMI, FL 33142 Mailing Address

2900 N.W. 33RD AVE MIAMI, FL 33142

FILED Apr 17, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

04152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0599704 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRIOS, FRANCISCO L PD 2900 N.W. 33RD AVE MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

8. The above the obliga	e named entity submits this statement for the p tions of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or bot	n, in the State of Florida i am f	amiliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	fapplicable (NOTE Registere	d Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Cam Trust Fund C			ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	<u> </u>		<u></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRIOS, FRANCISCO L 2900 N.W. 33RD AVE MIAMI, FL 33142				U0000090190 04/29/08-80088	4 -001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. •		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	•
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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 eath; 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 BIGNING OFFICER OR DIRECTOR

1/11/08

301 633 999K