2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P96000051058

Name:

Address:

City-St-Zip:

MAYTIN, ROLANDO JR.

HALLANDALE BEACH, FL 33009

C/O 301 W. HALLANDALE BEACH BOULEVARD

Entity Name: TRIPLE FFF INVESTMENTS, INC

FILED Nov 30, 2009 Secretary of State

Entity Nai	me: IRIPLE	FF INVESTMENTS, INC.			
Current Principal Place of Business:			New Principal Place	of Business:	
301 WEST		ADEL & FERRERO-CARR, LLP E BEACH BLVD FL 33009			
Current Mailing Address:			New Mailing Address:		
301 WEST		DEL & FERRERO-CARR, LLP E BEACH BLVD FL 33009			
FEI Number:	: 65-0683781	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
301 WEST		& FERRERO-CARR, LLP E BEACH BLVD FL 33009 US			
	named entity e of Florida.	submits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ROZENCWAIG 301 WEST HAI) Delete ; LESLIE A LLANDALE BEACH BLVD BEACH, FL 33009	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (FLORES, ODA 2990 NW 24TH MIAMI, FL 331	IST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ODALYS FLORES P 11/30/2009