2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000093778

Entity Name

EWE OFFICE INVESTMENTS, INC.



FILED Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business

10165 NW 19 ST MIAMI, FL 33172 Mailing Address

10165 NW 19 ST MIAMI, FL 33172



DO NOT WRITE IN THIS SPACE

04082006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0719423 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

EASTON, EDWARD W 10165 NW 19 ST' MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

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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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
	Signature, typec or printed name or regularized agent and rule	ii applicable. (NOTE: Registered	Agent signature	regores witch recisions;	5A15	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	-1.	
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EASTON, EDWARD W 10165 NW 19 ST MIAMI, FL 33172				U00000539749	
TITLE NAME STREET ADDRESS GITY-ST-ZIP					05/03/06-80110-024 158.75	
THLE NAME STREET ADDRESS CITY-ST-ZIP	_		DO NOT WRITE			
TITLE NAME STREET ADDRESS 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 2 7 2006

Date

Daytime Phone #