
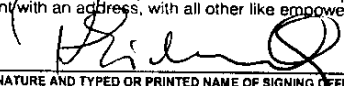


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90124 036 ***150.00

DOCUMENT # P97000053575 1. Entity Name HORN EICHENWALD INVESTMENTS, CORP.					
Principal Place of Business 2601 S BAYSHORE DR STE 1200 MIAMI, FL 33133 US			Mailing Address 2601 S BAYSHORE DR STE 1200 MIAMI, FL 33133 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SLOSBERGAS, NELSON 2601 S BAYSHORE DR STE 1200 MIAMI, FL 33133				Name NS CORPORATE SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 501 BRICKELL KEY DR, STE 400 City Miami	
				FL Zip Code 33131	
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 TERESITA CASTRO VICE-PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE 01/17/2006					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORN, JOSEPH 2601 S BAYSHORE DR STE 1200 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABES, DANIEL 2601 S BAYSHORE DR STE 1200 MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORN, RALPH 2601 S BAYSHORE DR STE 1200 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EICHENWALD, RICARDO 2601 S BAYSHORE DR STE 1200 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/17/2006 (305) 860-0770 <small>Date Daytime Phone #</small>		