2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000032351

1. Entity Name

INITIAL TWO INVESTMENTS, INC.

Principal Place of Business	Mailing Address
11305 NW. 128TH ST MEDLEY FL 33178	11305 NW. 128TH ST MEDLEY FL 33178

1st MOORE   CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite. Apt. #, etc.	**4. FEI Number** 65-0839849	Applied For / Not Applicable
City & State	City & State	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
CORPORATE ACCESS, INC. 236 E. 6TH AVENUE TALLAHASSEE FL 32315-7066	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL ___ Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, MIRIAM		NAME		
STREET ADDRESS	11305 NW. 128TH ST		STREET ADDRESS	U00000911826	
CITY-ST-ZIP	MEDLEY FL 33178		CITY-ST-ZIP	05/07/08-80056-010 150.00	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, ANDY		NAME		
STREET ADDRESS	11305 NW. 128TH ST		STREET ADDRESS		
CITY-ST-ZIP	MEDLEY FL 33178		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____   01-20-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #