


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 NOV 14 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # P98000075056 | |  |
| 1. Entity Name FRIDA INVESTMENTS INC. | | |

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| Principal Place of Business 881 OCEAN DRIVE #19-G KEY BISCAVNE, FL 33149 | Mailing Address 2550 NW 72 AVENUE STE 216 MIAMI, FL 33122 |
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| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address 8381 SW 124th AVE |
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|---------------------|---------------------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. UNIT 101 |
|---------------------|---------------------------------|

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|--------------|---------------------------|
| City & State | City & State MIAMI, FL |
|--------------|---------------------------|

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|-----|---------|-------|---------|
| Zip | Country | Zip | Country |
| | | 33183 | USA |



09142007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 65-0869265 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LANCASTER, CPA, KENNETH M 50 WEST MASHTA DRIVE #6 KEY BISCAVNE, FL 33149 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Amended AR is \$61.25 | 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 | PD BUENO, MARIA GLORIA 210 SEAVIEW DRIVE # 612 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 300112335143 11/15/07--01030--007 **\$1.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HERRERA, JORGE 210 SEAVIEW DRIVE # 612 KEY BISCAVNE, FL 33149 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD. HERRERA, ADRIANA 210 SEAVIEW DR. # 612 KEY BISCAVNE FLA 33149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD HERRERA, JORGE 210 SEAVIEW DRIVE # 612 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HERRERA, EDUARDO 210 SEAVIEW DRIVE # 612 KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *EDUARDO HERRERA* NOV 06/2007 11/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #