

**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

DOCUMENT # P98000075056		
1. Entity Name FRIDA INVESTMENTS INC.		

2007 NOV 14 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 881 OCEAN DRIVE #19-G KEY BISCAYNE, FL 33149		Mailing Address 2550 NW 72 AVENUE STE 216 MIAMI, FL 33122	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 881 SW 124th AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. UNIT 101	
City & State		City & State MIAMI, FL	
Zip	Country	Zip 33183	Country USA
6. Name and Address of Current Registered Agent LANCASTER, CPA, KENNETH M 50 WEST MASHTA DRIVE #6 KEY BISCAYNE, FL 33149			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			



09142007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0869265 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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 _____

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD BUENO, MARIA GLORIA 210 SEAVIEW DRIVE # 612 KEY BISCAYNE, FL 33149	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 300112335143 11/15/07-01030--007 ***61.25	
<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP TD. HERRERA, JORGE 210 SEAVIEW DRIVE # 612 KEY BISCAYNE, FL 33149	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP HERRERA, ADRIANA 210 SEAVIEW DR. # 612 KEY BISCAYNE FLA 33149	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP HERRERA, JORGE 210 SEAVIEW DRIVE # 612 KEY BISCAYNE, FL 33149	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP HERRERA, EDUARDO 210 SEAVIEW DRIVE # 612 KEY BISCAYNE, FL 33149	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP HERRERA, EDUARDO 210 SEAVIEW DRIVE # 612 KEY BISCAYNE, FL 33149	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP HERRERA, EDUARDO 210 SEAVIEW DRIVE # 612 KEY BISCAYNE, FL 33149	
<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP HERRERA, EDUARDO 210 SEAVIEW DRIVE # 612 KEY BISCAYNE, FL 33149	

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 addressee, with all other like empowered.

SIGNATURE: *[Signature]* DIRECTOR NOV 06/2007 *[Signature]* 11/15/07 *[Signature]* 11/15/07 *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #