

2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90011 026 \*\*\*150.00

**DOCUMENT # P98000100053**

1. Entity Name  
**ERMI INVESTMENTS, INC.**



Principal Place of Business  
**169 EAST FLAGLER ST.  
 SUITE 1118  
 MIAMI, FL 33131**

Mailing Address  
**169 EAST FLAGLER ST.  
 SUITE 1118  
 MIAMI, FL 33131**



2. Principal Place of Business - No P.O. Box #  
**169 EAST FLAGLER ST.**

3. Mailing Address  
**169 EAST FLAGLER ST.**

Suite, Apt. #, etc.  
**SUITE 1620**

02072007 Chg-P CR2E034 (12/06)

City & State  
**MIAMI, FL**

4. FEI Number  
**75-0878458**

Applied For  
 Not Applicable

Zip  
**33131**

Country  
**US**

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

6. Name and Address of Current Registered Agent

**GLINSKY, ERIC  
 169 EAST FLAGLER ST.  
 SUITE 1518  
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name  
**GLINSKY, ERIC**

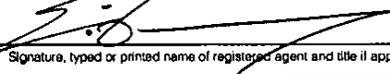
Street Address (P.O. Box Number is Not Acceptable)  
**169 EAST FLAGLER ST. SUITE 1620**

City  
**MIAMI**

State  
**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  DATE **2-27-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00

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

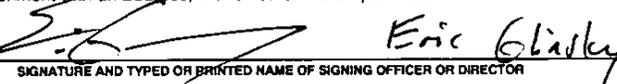
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>GLINSKY, ERIC</b>	
STREET ADDRESS	<b>169 EAST FLAGLER ST.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	
TITLE	ZTD	<input type="checkbox"/> Delete
NAME	<b>GLINSKY, MICHAEL</b>	
STREET ADDRESS	<b>169 EAST FLAGLER ST.</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE **2-27-07** DAYTIME PHONE # **305-359-4466**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR