

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED

Jan 14, 2008 08:00 AM  
Secretary of State

DOCUMENT # P98000100053

1. Entity Name  
ERMI INVESTMENTS, INC.



Principal Place of Business

169 EAST FLAGLER ST.  
SUITE 1620  
MIAMI, FL 33131

Mailing Address

169 EAST FLAGLER ST.  
SUITE 1620  
MIAMI, FL 33131



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-0878458

Applied For

Not Applicable

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 1620  
MIAMI, FL 33131

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IN THIS SPACE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000782538  
01/15/08-80077-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GLINSKY, ERIC  
STREET ADDRESS 169 EAST FLAGLER ST.  
CITY-ST-ZIP MIAMI, FL 33131

TITLE ZTD  
NAME GLINSKY, MICHAEL  
STREET ADDRESS 169 EAST FLAGLER ST.  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-08

Date

(305) 358-4466

Daytime Phone #