## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P99000006163**

1. Entity Name

OPEN HAND INVESTMENTS, INC.



Principal Place of Business

Mailing Address

225 NW 14TH TERRACE MIAMI, FL 33136 PO BOX 016392 MIAMI, FL 33101-6392

## FILED Apr 09, 2007 8:00 am Secretary of State

04-09-2007 90079 027 \*\*\*150.00

40004540



04022007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0895772

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

JAMES, ERROL 225 NW 14TH TERRACE MIAMI, FL 33136

## DO NOT WRITE 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, 2007 Fee will be \$550.00  9. Election Trust Fu				\$5.00 May Be Added to Fees		
10.	O. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAMES, ERROL 225 NW 14TH TERRACE MIAMI, FL 33136					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JAMES, VALARIE 225 NW 14TH TERRACE MIAMI, FL 33136					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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						

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

BIGNATURE AND TYPE

SOUNTED NAME OF SIGNING OFFICES OR DIRECTOR

President

4/ 3/07

305-571-7104