

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -6 AM 10:25

DOCUMENT # P99000042230 1. Entity Name FOUNTAIN INTERNATIONAL INVESTMENTS, INC.					
Principal Place of Business 7171 CORAL WAY SUITE 200 MIAMI, FL 33155 US			Mailing Address 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133		
2. Principal Place of Business - No P.O. Box # 7171 Coral Way		3. Mailing Address Suite, Apt. #, etc. Suite 104			
City & State Miami, FL		City & State MIAMI, FL			
Zip 33155		Country USA		4. FEI Number 65-0917402	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WORLD CORP SERVICES INC 2665 S BAYSHORE DRIVE STE 703 MIAMI, FL 33133				7. Name and Address of New 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 _____ (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. <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	DPVP OSORNO, HELDA <input type="checkbox"/> Delete 7171 CORAL WAY SUITE 200 MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/VP/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Osorno, Helda 7171 Coral Way, Suite 104 Miami, FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Delete RICHARDS, TIMOTHY D 2665 S BAYSHORE DRIVE STE 703 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete OSORNO, HELDA 7171 CORAL WAY SUITE 200 MIAMI, FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	7001294461007 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/14/08--01015--011 **566.25	
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	
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 B 5/8/08	
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 <i>Helda Osorno</i> Helda M. Osorno 4/28/08 (305) 858-9900 04/28/08					