## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000057886

Entity Name: MMJ INVESTMENTS, INC.

GAZTAMBIDE, MARIO J

MIAMI, FL 33131

888 BRICKELL KEY DR, APT 1100

Name:

Address:

City-St-Zip:

FILED Apr 28, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 220 TROPICANA DRIVE PUNTA GORDA, FL 33950 **Current Mailing Address: New Mailing Address:** 444 BRICKELL AVE PL 51 STE 321 MIAMI, FL 33131 FEI Number: 65-0931136 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GAZTAMBIDE, MARIO J 444 BRICKELL AVE PL 51 STE 321 MIAMI, FL 33131 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS ( ) Delete Title: () Change () Addition Name: GAZTAMBIDE, MARIO F JR. Name: URB SAN FRANCISCO, AVE DE DIEGO #104, Address: Address: City-St-Zip: SAN JUAN, PR 00927 City-St-Zip: Title: VΡ Title: () Delete () Change () Addition GAZTAMBIDE, JOSE R Name: Name: URB SAN FRANCISCO, C/LILAS 1663, Address: Address: SAN JUAN, PR 00927 City-St-Zip: City-St-Zip: ( ) Delete SEC Title: Title: () Change () Addition GAZTAMBIDE, MARIO F III Name: Name: 801 BRICKELL KEY BLVD, APT 2110 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: TREA ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARIO J. GAZTAMBIDE TREA 04/28/2007