## **FILED** 2008 FOR PROFIT CORPORATION Apr 30, 2008 08:00 AN Secretary of State ANNUAL REPORT DOCUMENT # P99000072795 1. Entity Name F & P INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 2350 CORAL WAY 2350 CORAL WAY 403 403 MIAMI, FL 33145 MIAMI, FL 33145 04282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0941367 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERNANDEZ, ORLANDO JR. DO NOT WRITE 2350 CORAL WAY SUITE 403 IN THIS SPACE MIAMI, FL 33145 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10.

TITLE FERNANDEZ, ORLANDO JR. NAME STREET ADDRESS 2350 CORAL WAY CITY-ST-ZIP MIAMI, FL 33145 HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

U000000934581 กร/23/กิลี-สิกกิลรี-ก18 150.00

Applied For

Not Applicable

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP

DO NOT WRITE IN THIS SPACE

d with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and single and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ampowered to execute as report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ress, with all other like impowered. 12. I hereby certify that the information supplied indicated on this report or supply of the corporation or the receiver changed, or on an attack

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY - ST - ZIP

ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #