

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000074061

FILED
Mar 07, 2006
Secretary of State

Entity Name: FCR INVESTMENTS, INC.

Current Principal Place of Business:

16668 SADDLE RD.
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 240
MIAMI, FL 33134 US

New Mailing Address:

FEI Number: 65-0944166 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD
SUITE 240
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: CASTRO, HECTOR
Address: 637 LAKE BLVD.
City-St-Zip: WESTON, FL 33326

Title: P () Delete
Name: CASTRO, HERMAN
Address: 16175 GOLF CLUB RD APT 305
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: CASTRO, YOLANDA
Address: 637 LAKE BLVD.
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: CASTRO, CARLOS
Address: 214 LA COSTA CT.
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: CASTRO, MAURICIO
Address: 637 LAKE BLVD
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: CASTRO, ADRIANA
Address: 637 LAKE BLVD.
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: HECTOR CASTRO

D

03/07/2006

Electronic Signature of Signing Officer or Director

_____ Date