


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # S66400 1. Entity Name FLORENCE INVESTMENT INC.	
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Principal Place of Business 280 BAL CROSS DR. BAL HARBOUR, FL 33154	Mailing Address C/O ALBERNI & ALBERNI P.A. 4649 PONCE DE LEON BLVD #404 CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0339082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGUILERA, GUIDO A
815 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

**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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DE PUEYO, FLORENCIA E R CALLE SAN FRANCISCO CARACAS, VENEZUELA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALEJANDRO, PUEYO RUIZ CALLE SAN FRANCISCO CARACAS, VE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSA MARIA, PUEYO RUIZ CALLE SAN FRANCISCO CARACAS, VE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/11/07-80030-011 150.00

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IN THIS SPACE**

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: Florence FLORENCIA DE PUEYO 1/3/07 305 662-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #