


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90005 003 \*\*\*150.00

<b>DOCUMENT # S66400</b>									
1. Entity Name <b>FLORENCE INVESTMENT INC.</b>									
Principal Place of Business <b>280 BAL CROSS DR. BAL HARBOUR, FL 33154</b>			Mailing Address <b>C/O ALBERNI &amp; ALBERNI P.A. 4649 PONCE DE LEON BLVD #404 CORAL GABLES, FL 33146</b>						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	4. FEI Number <b>65-0339082</b> <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td></td> </tr> </table>		Applied For		Not Applicable	
Applied For									
Not Applicable									
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
<b>AGUILERA, GUIDO A</b> <b>815 PONCE DE LEON BLVD.</b> <b>CORAL GABLES, FL 33134</b>			Name						
			Street Address (P.O. Box Number is Not Acceptable)						
			City			<b>FL</b>	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 _____									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME	DE PUEYO, FLORENCIA E R		NAME						
STREET ADDRESS	CALLE SAN FRANCISCO		STREET ADDRESS						
CITY-ST-ZIP	CARACAS, VENEZUELA,		CITY-ST-ZIP						
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME	ALEJANDRO, PUEYO RUIZ		NAME						
STREET ADDRESS	CALLE SAN FRANCISCO		STREET ADDRESS						
CITY-ST-ZIP	CARACAS, VE		CITY-ST-ZIP						
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME	ROSA MARIA, PUEYO RUIZ		NAME						
STREET ADDRESS	CALLE SAN FRANCISCO		STREET ADDRESS						
CITY-ST-ZIP	CARACAS, VE		CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
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STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition				
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
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: <u>Florencia de Puyo</u>		SIGNATURE: <u>F. Puyo</u>		Date: <u>2/14/08</u> Daytime Phone #: <u>305 662 7222</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #					