

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


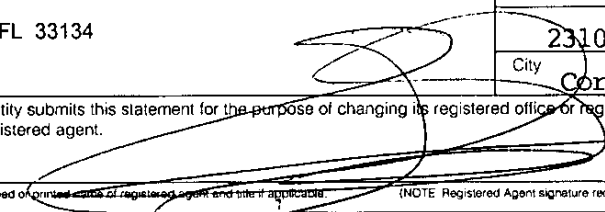
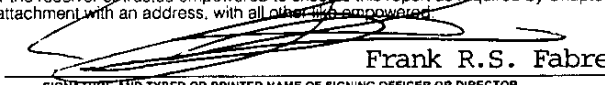
**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90023 036 \*\*\*150.00

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03042007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # S71692</b>					
1. Entity Name EDGAR GUTIERREZ INVESTMENTS INC.					
Principal Place of Business 717 PONCE DE LEON BLVD. SUITE 234 CORAL GABLES, FL 33134			Mailing Address 717 PONCE DE LEON BLVD. SUITE 234 CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box # 2310 Country Club Prado Suite, Apt. #, etc.			3. Mailing Address Same Suite, Apt. #, etc.		
City & State Coral Gables, FL			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0341913	
				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 FABRE, FRANK R.S. 717 PONCE DE LEON BLVD. SUITE 234 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name FABRE, FRANK R.S. Street Address (P.O. Box Number is Not Acceptable) 2310 Country Club Prado City Coral Gables FL 33134		
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 3/12/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GUTIERREZ, EDGAR 717 PONCE DE LEON BLVD. CORAL GABLES, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GUTIERREZ, EDGAR 2310 Country Club Prado Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FABRE, FRANK R.S. 717 PONCE DE LEON BLVD. CORAL GABLES, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FABRE, FRANK R.S. 2310 Country Club Prado Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUTIERREZ, SANDRA 151 EAST ENID DRIVE #26 KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 full empowerment.					
SIGNATURE: 			Frank R.S. Fabre As Secretary 3/12/07 305-264-1001		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		