


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90021 010 \*\*\*150.00

**DOCUMENT # S89652**  
 1. Entity Name  
**FLORIDA FINANCIAL INVESTMENTS, INC.**



Principal Place of Business  
**3200 TAMiami TRAIL N.  
 SUITE 200  
 NAPLES, FL 34103 US**

Mailing Address  
**3200 TAMiami TRAIL N.  
 SUITE 200  
 NAPLES, FL 34103 US**

40000701



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number  
**65-0295993**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WOODWARD, MARK J., ESQ.  
 3200 TAMiami TRAIL N.  
 SUITE 200  
 NAPLES, FL 34108**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	PD	<input type="checkbox"/> Delete
NAME	FERRAO, AUBREY J.	
STREET ADDRESS	3470 CLUB CENTER BLVD	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DINARDO, ANTHONY	
STREET ADDRESS	3470 CLUB CENTER BLVD	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WOODWARD, MARK J	
STREET ADDRESS	3200 TAMiami TRAIL N., STE 200	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PARISI, JOSEPH L	
STREET ADDRESS	3470 CLUB CENTER BLVD	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8156 Fiddler's Creek Parkway	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8156 Fiddler's Creek Parkway	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8156 Fiddler's Creek Parkway	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:** Joseph Livio Parisi **2/1/07** (239) 732-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #