2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# V41108

Entity Name: SOUTH FLORIDA INVESTMENTS PROPERTIES, INC.

Current Principal Place of Business:

1643 BRICKELL AVE.
APT. #4702
MIAMI, FL 33129 US

New Principal Place of Business:

Current Mailing Address:

7590 NW 186 STREET
SUITE 109
HIALEAH, FL 33015 US

New Mailing Address:

FEI Number: 65-0370364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIAMI CORPORATE SYSTEMS, INC.
283 CATALONIA AVE., 2ND FLOOR
CORAL GABLES, 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: RUIZ, EZEQUIEL
Address: 1643 BRICKELL AVE. #4702
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete
Name: BARRIOS, CARMEN
Address: 1643 BRICKELL AVE. #4702
City-St-Zip: MIAMI, FL 33129

Title: PS ( ) Delete
Name: ARDILA, PABLO
Address: 1643 BRICKELL AVE. #4702
City-St-Zip: MIAMI, FL 33129

Title: VPAS ( ) Delete
Name: ARDILA, JAIME
Address: 1643 BRICKELL AVE. #4702
City-St-Zip: MIAMI, FL 33129

Title: T ( ) Delete
Name: SIERRA, HELLEN
Address: 1643 BRICKELL AVE. #4702
City-St-Zip: MIAMI, FL 33129

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:

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: PABLO ARDILA PS 04/27/2006

Electronic Signature of Signing Officer or Director Date