

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V41108

FILED  
May 02, 2007  
Secretary of State

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
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 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

05/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date