


**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

01-28-2005 90024 036 \*\*\*150.00

DOCUMENT # P04000150880  
 1. Entity Name  
 BY MY OWN INVESTMENTS, INC.



40008265

Principal Place of Business      Mailing Address  
 19111 COLLINS AVENUE      19111 COLLINS AVENUE  
 2402      2402  
 SUNNY ISLES, FL 33160      SUNNY ISLES, FL 33160



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01252005      Chg-P      CR2E034 (10/03)

City & State      City & State

4. FEI Number      Applied For  
 20-1829874      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
 HAMUI, ESTRELLA  
 19111 COLLINS AVENUE  
 2402  
 SUNNY ISLES, FL 33160

7. Name and Address of New Registered Agent  
 Name      Juan A. Figueroa, P.A., C.P.A.  
 Street Address (P.O. Box Number is Not Acceptable)  
 1428 Brickell Avenue, Suite 206  
 City      Miami      FL      Zip Code 33131

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]*      X      DATE 1/25/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HAMUI, ESTRELLA	
STREET ADDRESS	19111 COLLINS AVENUE, APT. 2402	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 exemption stated in Section 119.07(3)(i), 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: *[Signature]*      P. Estrella Hamui P      01-25-05      3059336090  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #