2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 10, 2006 08:00 AM Secretary of State DOCUMENT # P00000080972 1. Entity Name OFANDI INVESTMENTS INC. Principal Place of Business Mailing Address 2688 S.W. 137 AVENUE 2688 S.W. 137 AVENUE MIAMI, FL 33175 MIAMI, FL 33175 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1096201 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUAREZ, ROLANDO JR. DO NOT WRITE 2688 S.W. 137 AVENUE MIAMI, FL 33175 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing his 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. Hyped or priviled nurse of registered agent and title if apphoacid. (NOTE: Registered Agent signature required when reinstating) 9, Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SUAREZ, ROLANDO JR. NAME U00000564876 05/20/06-80096-005 150.00 STREET ADDRESS 2688 S.W. 137 AVENUE CITY-ST-ZIP MIAMI, FL 33175 O 3333.F SUAREZ, OFELIA MARKE 2688 S.W. 137 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33175 1171.5 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-ST-ZYP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED