

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000150880

**Entity Name:** BY MY OWN INVESTMENTS, INC.

**FILED**  
**Mar 20, 2019**  
**Secretary of State**  
**7460506177CC**

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE  
601  
CORAL GABLES, FL 33134

**Current Mailing Address:**

201 ALHAMBRA CIRCLE  
601  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-1829874

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARED, PABLO R. ESQ.  
201 ALHAMBRA CIRCLE  
SUITE 601  
CORAL GABLES, FL 33134 US

*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:** PABLO R. BARED, ESQ.

03/20/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ENTEBI HAMUI, ALFONSO  
Address        201 ALHAMBRA CIRCLE  
                  601  
City-State-Zip: CORAL GABLES FL 33134

Title            VP  
Name            ENTEBI HAMUI, MARY  
Address        201 ALHAMBRA CIRCLE  
                  601  
City-State-Zip: CORAL GABLES FL 33134

Title            SECRETARY  
Name            ENTEBI HAMUI, ELVIRA  
Address        201 ALHAMBRA CIRCLE  
                  601  
City-State-Zip: CORAL GABLES FL 33134

Title            ASST. SECRETARY  
Name            ENTEBI HAMUI, JESSICA  
Address        201 ALHAMBRA CIRCLE  
                  601  
City-State-Zip: CORAL GABLES FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE:** ENTEBI HAMUI , ALFONSO

**MANAGER**

03/20/2019

Electronic Signature of Signing Officer/Director Detail

Date