


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90013 037 \*\*\*150.00

**DOCUMENT # 443382**

1. Entity Name  
**ADDISON INVESTMENTS, INC.**



Principal Place of Business  
**7780 SW 117TH AVENUE**  
~~SUITE 103~~ # 206  
**MIAMI, FL 33183 US**

Mailing Address  
**7780 SW 117TH AVENUE**  
~~SUITE 103~~ # 206  
**MIAMI, FL 33183 US**

2. Principal Place of Business  
**7780 SW 117 Avenue**

3. Mailing Address  
**7780 SW 117 Avenue**

Suite, Apt. #, etc.  
**# 206**


Suite, Apt. #, etc.  
**# 206**

City & State  
**Miami FL**

City & State  
**Miami FL**

Zip  
**33183** Country  
**USA**

Zip  
**33183** Country  
**USA**



01082004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1578664** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCLEAN, EVAN D.**  
**7780 SW 117TH AVENUE**  
~~SUITE 103~~ #206  
**MIAMI, FL 33183**

7. Name and Address of New Registered Agent

Name  
**McLean, Evan D.**

Street Address (P.O. Box Number is Not Acceptable)  
**7780 SW 117 Avenue**

**Suite 206**

City  
**Miami** **FL** Zip Code  
**33183**

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 a registered agent.

SIGNATURE *Evan D. McLean* **Evan D. McLean** **01.08.04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUESO, GUILLERMO COLONIA SAN IGNACIO, RESIDENCIAL CA #23 TEGUCIGALPA, HO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOLINA, JOSE R. COLONIA PALMIRA TEGUCIGALPA, HO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD. FERNANDEZ, JUSTO R. COLONIA SAN IGNACIO RES CAS #23 TEGUCIGALPA, HO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MCLEAN, EVAN D. 7780 SW 117TH AVENUE, SUITE 103 MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Evan D. McLean* **01/08/04** **305.271.5111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #