


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # 443382 1. Entity Name ADDISON INVESTMENTS, INC.	
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Principal Place of Business 7780 SW 117 AVE SUITE #206 MIAMI, FL 33183 US	Mailing Address 7780 SW 117 AVE SUITE #206 MIAMI, FL 33183 US
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03252005 No Chg-P GR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1578664	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLEAN, EVAN D.
7780 SW 17TH AVENUE
SUITE 206
MIAMI, FL 33183

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
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

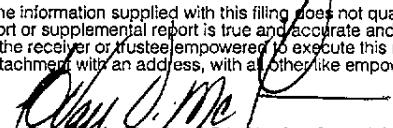
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUESO, GUILLERMO COLONIA SAN IGNACIO, RESIDENCIAL CA #23 TEGUCIGALPA, HO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOLINA, JOSE R. COLONIA PALMIRA TEGUCIGALPA, HO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERNANDEZ, JUSTO R. COLONIA SAN IGNACIO RES CAS #23 TEGUCIGALPA, HO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MCLEAN, EVAN D. 7780 SW 117TH AVENUE, SUITE 103 MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/01/05-80031-007 150.00

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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 another like empowered.

SIGNATURE:  DATE: *March - 29 - 05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

305-271-5111