


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90133 033 \*\*\*150.00

<b>DOCUMENT # F84630</b>	
1. Entity Name <b>ENCORE INVESTMENTS, INC.</b>	

Principal Place of Business <b>9700 S. DIXIE HIGHWAY SUITE 1020 MIAMI FL 33156 US</b>	Mailing Address <b>9700 S. DIXIE HIGHWAY SUITE 1020 MIAMI FL 33156 US</b>
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1st MOORE CR2E034 (10/04)

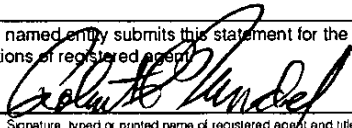
2. Principal Place of Business <b>Mr. Robert S. Mandel 9601 Collins Avenue Apartment #1405 Bal Harbour, FL 33154</b>	3. Mailing Address <b>Mr. Robert S. Mandel 9601 Collins Avenue Apartment #1405 Bal Harbour, FL 33154</b>
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City & State	City & State	4. FEI Number <b>59-2266901</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33154</b>	Country <b>Miami-Dade</b>	Zip <b>33154</b>	Country <b>Miami-Dade</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MANDEL, ROBERT S 9700 S. DIXIE HIGHWAY SUITE 1020 MIAMI FL 33156-2865</b>		7. Name and Address of New Registered Agent Name <b>Mr. Robert S. Mandel</b> Street Address (P.O. Box or Unit is Not Applicable) <b>9601 Collins Avenue Apartment #1405</b> City <b>Bal Harbour, FL 33154 FL</b> Zip Code	
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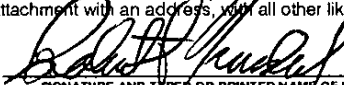
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **Robert S. Mandel** **April 25, 2005**  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MANDEL, ROBERT S 9700 S DIXIE HWY MIAMI FL 33156-2865 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mr. Robert S. Mandel</b> <b>9601 Collins Avenue</b> <b>Apartment #1405</b> <b>Bal Harbour, FL 33154</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANDEL, RONA 9700 S DIXIE HWY STE 1020 MIAMI FL 33156-2865 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mr. Robert S. Mandel</b> <b>9601 Collins Avenue</b> <b>Apartment #1405</b> <b>Bal Harbour, FL 33154</b> <input checked="" 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
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:  **Robert S. Mandel** **305-670-0671** **April 25, 2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #