


### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99761</b> 1. Entity Name <b>TASK INVESTMENTS CORPORATION</b>	
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<b>Principal Place of Business</b> % ALBERNI & ALBERNI, P.A. 4649 PONCE DE LEON BLVD., SUITE 404 CORAL GABLES, FL 33146	<b>Mailing Address</b> % ALBERNI & ALBERNI, P.A. 4649 PONCE DE LEON BLVD., SUITE 404 CORAL GABLES, FL 33146
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**DO NOT WRITE IN THIS SPACE**



04232004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2220448</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ALBERNI, PEDRO L., CPA  
4649 PONCE DE LEON BLVD. #404  
CORAL GABLES, FL 33146

**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 \_\_\_\_\_  
Signature, hand or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE \_\_\_\_\_

**FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CARRILLO, JULIO M 550 OCEAN DR., 9H KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/27/04-80039-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 addres, with all other like empowered

**SIGNATURE:**  **4/23/04 305-361-0108**  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dynamic Print #