


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90027 047 \*\*\*150.00

**DOCUMENT # P02000088845**

1. Entity Name  
**FELIZE INVESTMENT, INC.**



Principal Place of Business      Mailing Address

12441 SW 123 ST.  
 MIAMI, FL 33186

12441 SW 123 ST  
 MIAMI, FL 33186

01001004

2. Principal Place of Business      3. Mailing Address

**1643 BRICKELL AVE.**      **1643 BRICKELL AVE.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.


**APT. 2201**      **APT. 2201**

City & State      City & State

**MIAMI, FLORIDA**      **MIAMI, FLORIDA**

Zip      Country      Zip      Country

**33129**      **DADE**      **33129**      **DADE**



01142004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For

**48-1274667**      Not Applicable

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

6. Name and Address of Current Registered Agent

**ELIZEE, FRANCOISE**  
 12441 SW 123 ST  
 MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
**848 BRICKELL KEY DRIVE, #2405**

City      State      Zip Code

**MIAMI**      **FL**      **33131**

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  **FRANCOISE ELIZEE, DIRECTOR**      1/21/2004

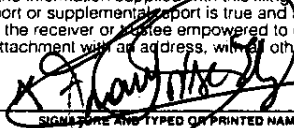
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)      DATE

**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 10:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELIZEE, FRANCOISE</b> 12441 SW 123 ST MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>FRANCOISE ELIZEE</b> 848 BRICKELL KEY DRIVE#2405 MIAMI, FL 33131 <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	<b>VP</b> <b>PATRICIA ELIZEE</b> 848 BRICKELL KEY DRIVE #2405 MIAMI, FL 33131 <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	<b>SD</b> <b>MARIE FELIXE ELIZEE</b> 1643 BRICKELL AVE., #2201 MIAMI, FL 33129 <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

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 or other like empowered.

SIGNATURE:  **DIRECTOR**      1/21/2004

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