## **2005 FOR PROFIT CORPORATION**

## May 02, 2005 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P02000096142 05-02-2005 90467 036 \*\*\*150.00 WESTON INVESTMENT GROUP, INC. Principal Place of Business Mailing Address C/O CARLOS CARABALLO C/O CARLOS CARABALLO 1300 BRICKELL AVENUE 1300 BRICKELL AVENUE MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address clo Carlos Carballo clo Carlos Carballo Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 CR2E034 (10/03) Chq-P 1300 Brickell Avenue 1300 BRICKELL AVENUE 4. FEI Number City & State City & State Applied For MIAMI FL MIAMI 20-1792731 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33131 33131 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, JOSE A Street Address (P.O. Box Number is Not Acceptable) 150 ALHAMBRA CIR, STE 1270 CORAL GABLES, FL 33134 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change Addition NAME DEFORTUNA, EDGARDO NAME STREET ADDRESS 1300 BRICKELL AVE STREET ADDRESS MIAMI, FL 33131 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

oh.

**SIGNATURE:** 

PED OR PRINTED NAI