


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90027 047 \*\*\*150.00

**DOCUMENT # P02000106763**

1. Entity Name  
**AWR INVESTMENT MANAGEMENT, INC.**



**94059577**

Principal Place of Business: % NICOLE J. HUESMANN, P.A. 1150 MIAMI, FL 33134

Mailing Address: 150 ALHAMBRA CIRCLE STE 1150 MIAMI, FL 33134 c/o Nicole J. Huesmann, P.A.



2. Principal Place of Business: 150 Alhambra Circle

3. Mailing Address: 150 Alhambra Circle

Suite, Apt. #, etc.: Suite 1150

01132004 Chg-P CR2E034 (10/03)

City & State: Coral Gables, Florida

4. FEI Number: 30-0147277

Applied For: Not Applicable

Zip: 33134 Country: USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RINCON-VERACOECHEA, GUNTHER  
 150-ALHAMBRA CIRCLE  
 MIAMI, FL 33134

Name: Gunther Rincon-Veracoechea

Street Address (P.O. Box Number [is Not Acceptable]): 150 Alhambra Circle

Suite: Suite 1150

City: Coral Gables FL Zip Code: 33134

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: 3/10/04

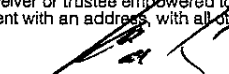
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 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 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINCON-BELZARES, ALBERTO W	NAME	
STREET ADDRESS	1506 VIEW PT. DRIVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTON, OH 45434	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 address, with all other like empowered.

**SIGNATURE:**  **Alberto Rincon-Belzares, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/10/04 Daytime Phone #: