## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 10, 2005 08:00 AM Secretary of State

	ANNUAL	KEPOKI	<u> </u>	red 10, 2005 08:00 A
DOCUMENT # P02000106763  1. Entity Name AWR INVESTMENT MANAGEMENT, INC.				Secretary of State
-	BRA CIRCLE	Mailing Address  C/O NICOLE J HUESMANN, P.A.  150 ALHAMBRA CIR, STE. 1150  CORAL GABLES, FL 33134	5 77	
C	OO NOT WRITE	IN THIS SPAC	Œ	01192005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For Not Applied For Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current Rec	stered Agent		Albert General Control of the Contro
RINCON-VERACOECHEA, GUNTHER 150-ALHAMBRA CIRCLE STE. 1150 CORAL GABLES, FL 33134				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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required w			when renstating) DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution.	sing \$5.	00 May Be ed to Fees
10.	OFFICERS AND DIR	ECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RINCON-BELZARES, ALBERTO W 1506 VIEW PT. DRIVE DAYTON, OH 45434	. The second		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE NAME STHEET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		manda sa		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. I hereby certify that the information supplied with this fillips does not qualify for the exemption stated in Section 119.07(3)(1). 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:

DIRECTO W. RINCON-BEIZADES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 2, 2004

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Daytime Phone 4