

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000102311**

1. Entity Name  
**3603 INVESTMENTS, INC.**



Principal Place of Business  
**3705 54TH. DR. W.  
SUITE 101  
BRADENTON, FL 34210**

Mailing Address  
**3705 54TH. DR. W.  
SUITE 101  
BRADENTON, FL 34210**



06172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1397197**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RAMIREZ, MERCEDES C  
3705 54TH. DR. W.  
SUITE 101  
BRADENTON, FL 34210**

**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 when reinstating)

DATE

U00000766598  
06/26/07-80002-002 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	RAMIREZ, LUIS
STREET ADDRESS	3705 54TH. DR. W., SUITE 101
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	V
NAME	RAMIREZ, MORELA
STREET ADDRESS	3705 54TH. DR. W., SUITE 101
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	P
NAME	RAMIREZ, MERCEDES C
STREET ADDRESS	3705 54TH. DR. W., SUITE 101
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/18/2007 941 7260313

DATE DAYTIME PHONE #