

ANNUAL REPORT (AR)



FILED
Mar 22, 2006 08:00 AM
Secretary of State



| | | | | | |
|--|--|---------------------|---|---|--|
| DOCUMENT # P15051 | | | | 1. Entity Name INVESTMENT 237 S.A. | |
| Principal Place of Business CALLE 53 Y AV. SAMUEL LEWIS RD PANAMA CITY | | | Mailing Address 980 N. FEDERAL HIGHWAY #312 BOCA RATON FL 33432 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2815917 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

1st MOORE CR2E034 (10/05)

| | | | | | |
|---|--|--|--|--|--|
| 6. Name and Address of Current Registered Agent JAMES, RANDOLPH H. 980 N. FEDERAL HWY 312 BOCA RATON FL 33432 | | | | 7. Name and Address of New Registered Agent | |
| Name | | | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | | | City | |
| | | | | FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DE JURGENS, LOURDES | | NAME | | |
| STREET ADDRESS | P.O BOX 3180 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CARACAS, VENEZUELA | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELLISON, MARIA ELENA PA | | NAME | | |
| STREET ADDRESS | 875 AURELIA ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL 33486 | | 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 | | |

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 04/06/06-80007-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Maria Elena Ellison **3-19-06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #