


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000086751**  
 1. Entity Name  
 INVEX INVESTIGATIONS, INC.



Principal Place of Business      Mailing Address  
 300 31ST STREET N                      300 31ST STREET N  
 STE 530                                      STE 530  
 ST PETERSBURG, FL 33713    US      ST PETERSBURG, FL 33713    US

**DO NOT WRITE IN THIS SPACE**



01312005    No Chg-P    CR2E034 (10/03)  
 4. FEI Number                      Applied For  
 59-3222474                          Not Applicable  
 5. Certificate of Status Desired        \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent  
 ALOI, RUSSELL S  
 300 31ST STREET NORTH #530  
 ST. PETERSBURG, FL 33713

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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, 2005 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALOI, RUSSELL S
STREET ADDRESS	4174 96 AVE N
CITY-ST- ZIP	PINELLAS PARK, FL 33782
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

000000285955  
 04/04/05-80009-008 150.00  
**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Russell S. Aloia      Date: 4/1/05      Day/Time Phone #: 727-321-0222