2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 10, 2004 8:00 am
Secretary of State
03-10-2004 90034 003 ***150.00

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03032004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000006651

1. Entity Name
CIREDA INVESTMENT CO., INC.

Principal Place of Business	Mailing Address
3815 S ATLANTIC AVE #401 DAYTONA BEACH SHORES, FL 32127	3815 S ATLANTIC AVE #401 DAYTONA BEACH SHORES, FL 32127

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-3488966 ☐ Applied For ☐ Not Applicable

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
GONZALEZ, DON ESQ 9050 PINES BLVD STE 450-F PEMBROKE PINES, FL 33024	Name: DON GONZALEZ, P.A. Attorney At Law Street Address (P.O. Box Number is Not Acceptable): 1820 N. Corporate Lakes Blvd. Suite 201 City: Weston, FL 33326 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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, CIRO		NAME	
STREET ADDRESS	3815 S ATLANTIC AVE, #401		STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32127		CITY-ST-ZIP	
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, DAYRA		NAME	
STREET ADDRESS	3815 S ATLANTIC AVE, #401		STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32127		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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)(i), 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: Ciro Gonzalez 3-5-04 386-767-1650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #