


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000093466	
1. Entity Name THE RIDGES INVESTMENT GROUP, INC.	

Principal Place of Business 1820 N. CORPORATE LAKES BLVD STE 104 FORT LAUDERDALE, FL 33326	Mailing Address 1820 N. CORPORATE LAKES BLVD STE 104 FORT LAUDERDALE, FL 33326
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06142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 85-0898478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

**PESTANO, BRUCE A
1812 VICTORIA POINTE CR
WESTON, FL 33327**

DO NOT WRITE IN THIS SPACE

9. 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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

8. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PESTANO, BRUCE T 1812 VICTORIA POINTE CR WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEINOO, JESUS A 1808 VICTORIA POINTE CR WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATHURA, FAZAL 4466 BLOSSOM LN WESTON, FL 33331
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 exemption stated in Section 119.07(3)(c), 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 807, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the address, with all other like empowered.

SIGNATURE:  **5/12/04**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deputy