

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91525 009 ***158.75

DOCUMENT # **999 0000 44444**

1. Entity Name
A INVESTIGATION AGENCY, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2520 SW 22ND ST

3. Mailing Address
2520 SW 22ND ST

Suite, Apt. #, etc.
2199

Suite, Apt. #, etc.
2199

City & State
MIAMI, FLA

City & State
MIAMI, FL

4. FEI Number
65-0924799

Applied For
Not Applicable

Zip
33145

Country
MIAMI-DADE

Zip
33145

Country
MIAMI-DADE

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
LAW OFFICES OF FISHER, LAWRENCE & MALONE
Street Address (P.O. Box Number is Not Acceptable)
ATTN: JOSHUA L. FISHER, ESQ
1125 N.E. 125TH ST, STE 201
City
NORTH MIAMI FL Zip Code
33161

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

DATE
4/29/03

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	[DELETE]
NAME	FERNANDEZ, ALTHEA E
STREET ADDRESS	2520 SW 22ND ST #2199
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NEW
NAME	CEO
STREET ADDRESS	FERNANDEZ-RUIZ, PEDRO S.
CITY-ST-ZIP	2520 SW 22ND ST, # 2199
	MIAMI, FL 33145
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)(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 on an attachment with an address, with another like empowered.

SIGNATURE:

24 APR - 03 305-856-8411

CR2E034B (1/2/02)