


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90323 001 ***150.00

DOCUMENT # P03000019676
 1. Entity Name
3D INVESTMENT GROUP, INC.



30037600

Principal Place of Business Mailing Address
 19249 SW 24 ST. 19249 SW 24 ST.
 MIRAMAR, FL 33029 MIRAMAR, FL 33029



2. Principal Place of Business 3. Mailing Address
 19326 NW 24th Place 19326 NW 24th Place
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03192005 Chg-P CR2E034 (10/03)

City & State City & State
 Pembroke Pines, FL Pembroke Pines, FL
 Zip Country Zip Country
 33029 USA 33029 USA

4. FEI Number Applied For
APPLIED FOR 20-0232500 Not Applicable

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

6. Name and Address of Current Registered Agent
 OLIVA, ARIEL
 19249 SW 24 ST.
 MIRAMAR, FL 33029

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 19326 NW 24th Place
 City State Zip Code
 Pembroke Pines, FL 33029

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		<input type="checkbox"/> Delete
TITLE	PD	<input type="checkbox"/> Delete
NAME	OLIVA, ARIEL	
STREET ADDRESS	19249 SW 24 ST.	
CITY - ST - ZIP	MIRAMAR, FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	19326 NW. 24th Place		
CITY - ST - ZIP	Pembroke Pines, FL 33029		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: Ariel M. Oliva Ariel M. Oliva, Pres. Date: 4-13-05 Daytime Phone #: 786-229-7844