2005 FOR PROFIT CORPORATION
. ANNUAL REPORT (AR)

## **DOCUMENT # P04000047748 Secretary of State** 1. Entity Name 05-03-2005 90065 045 \*\*\*150.00 2110 INVESTMENT INC. Principal Place of Business Mailing Address 8500 SW 8 ST STE 238 8500 SW 8 ST STE 238 MIAMI FL 33144 MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address 1921 SW Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Cjly & State Applied For <u>0 - 09</u> Miam Not Applicable Country Zip. Country Zip \$8.75 Additional 5. Certificate of Status Desired USA スク 3314.9 Fee Required 7. Name and Address of New Registered Agent PEREZ. SANTA Street Address (P.O. Box Number is Not Acceptable) 8500 SW 8 ST STE 238-**MIAMI FL 33144** City 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 Sgneture, typed or provided name of registered agent and title 4 applicable (NOTE: Registered Agent argnatuse required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Bo After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defeta THTLE Addition Change PEREZ, RUDY 1921 SW 33 Avenue NAME PEREZ, SANTA NAME STREET ADDRESS 8500 SW 8 ST STE 238 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP miami FL TITLE ☐ Defete Ti Ti F Change Addillon PEREZ, ROMAN NAME NAME PEREZ, Aoman 8500 SW 8 ST STE 238 STREET ADDRESS STREET ADDRESS 1921 SW 33 AVC CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP HILE ☐ Delete THILE Change Addition Perez, Santa 1921 SW 33 Avenue بالمنازي المتازية NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7P TITLEnne Change -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-74P TITLE ☐ Delete 1111 F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP C11Y-S1-7IP THE ☐ Delete TOTLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 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 accordate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee erproved 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 SIGNATURE: NO OFFICER OR DIRECTOR

FILED

Jun 03, 2005 8:00 am