


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # 239859	
1. Entity Name FIDELITY INVESTMENT CORPORATION	

Principal Place of Business 1110 BRICKELL AVENUE PH#2 MIAMI, FL 33131-3132	Mailing Address 1110 BRICKELL AVENUE PH#2 MIAMI, FL 33131-3132
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03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0947853	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SNIHUR, WILLIAM J ESQ 1550 NE MIAMI GARDENS DR SUITE 304 N MIAMI BEACH, FL 33179

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000099771 03/31/04-80016-008 150.00
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME GERSTEN, FRANCES J
STREET ADDRESS 845 NE 116 STREET	CITY-ST-ZIP MIAMI, FL 33161
TITLE TSD	NAME GERSTEN, JUDITH
STREET ADDRESS 1801 CORAL WY STE 212	CITY-ST-ZIP MIAMI, FL 33145
TITLE D	NAME GERSTEN, SHERRI
STREET ADDRESS 5313 COLLINS AVENUE UNIT 504	CITY-ST-ZIP MIAMI BEACH, FL 33140
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP

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IN THIS SPACE**

TAXPAYER'S COPY

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Frances J. Gersten **FRANCES J. GERSTEN** March 29, 2004 305-893-5984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #