

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 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**



DO NOT WRITE IN THIS SPACE

01072005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0947853

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable

(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**

1000000203582
01/29/05-80037-001 150.00

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/18/05** Daytime Phone #: **(305) 860-1227**