2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

SIGNATURE:

Jan 28, 2004 8:00 am **Secretary of State DOCUMENT # 410463** 01-28-2004 90004 037 ***150.00 P & R INVESTMENT CORP. Principal Place of Business Mailing Address 1110 BRICKELL AVE. 1110 BRICKELL AVE. SUITE 810 MIAMI FL 33131 SUITE 810 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-1419060 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LABRADA, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 1110 BRICKELL AVE. SUITE #810 MIAMI FL 33131 Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PST TITLE TITLE X:Addition Delete Fernando A. Labrada 149 cranden Blvd, #312 LABRADA, JEAN L NAME ' NAME STREET ADDRESS 1110 BRICKELL AVE #810 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP 33149 Change Addition TITLE Delete TITLE FERNANDEZ, LUIS NAME STREET ADDRESS 1110 BRICKELL AVE. #810 STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Change Delete TITLE CEU ☐ Addition NAME L'ABRADA, FERNANDO NAME-STREET ADDRESS 1110 BRICKELL AVENUE SUITE 810 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL mami. ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 standard 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. changed, or on an attachment

FILED

Date

Daytime Phone #