



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90013 037 ***150.00

DOCUMENT # 443382 1. Entity Name ADDISON INVESTMENTS, INC.					
Principal Place of Business 7780 SW 117TH AVENUE SUITE 103 # 206 MIAMI, FL 33183 US				Mailing Address 7780 SW 117TH AVENUE SUITE 103 # 206 MIAMI, FL 33183 US	
2. Principal Place of Business 7780 SW 117 Avenue		3. Mailing Address 7780 SW 117 Avenue			
Suite, Apt. #, etc. # 206		Suite, Apt. #, etc. # 206			
City & State Miami FL		City & State Miami FL			
Zip 33183		Zip 33183			
Country USA		Country USA		01082004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-1578664				Applied For <input checked="" 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 MCLEAN, EVAN D. 7780 SW 117TH AVENUE SUITE 103 # 206 MIAMI, FL 33183			7. Name and Address of New Registered Agent Name McLean, Evan D. Street Address (P.O. Box Number is Not Acceptable) 7780 SW 117 Avenue Suite 206 City Miami FL Zip Code 33183		
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 a registered agent. SIGNATURE <i>Evan D. McLean</i> Evan D. McLean 01.08.04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUESO, GUILLERMO COLONIA SAN IGNACIO, RESIDENCIAL CA #23 TEGUCIGALPA, HO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOLINA, JOSE R. COLONIA PALMIRA TEGUCIGALPA, HO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD. FERNANDEZ, JUSTO R. COLONIA SAN IGNACIO RES CAS #23 TEGUCIGALPA, HO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MCLEAN, EVAN D. 7780 SW 117TH AVENUE, SUITE 103 MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Evan D. McLean</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/08/04 305.271.5111 <small>Date Daytime Phone #</small>		