FILED
Apr 15, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 457449

1. Entity Name
FURATENA INVESTMENTS INC.

Principal Place of Business	Mailing Address
C/O KENNETH M. LANCASTER 50 W. MASHTA DR. STE 6 KEY BISCAYNE, FL 33149	C/O KENNETH M. LANCASTER 50 W. MASHTA DR. STE 6 KEY BISCAYNE, FL 33149

01042005 No Chg-P CR2E024 (10/03)

4. FEI Number
59-2441317
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent

LANCASTER, KENNETH M.
50 W MASHTA DR #6
KEY BISCAYNE, FL 33149

6. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

8. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fee

U00000307155
04/15/05-80042-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOTTA,FRANCO
STREET ADDRESS	50 W. MASHTA DR., STE. 6
CITY-ST-ZIP	KEY BISCAYNE, FL
TITLE	VD
NAME	BOTTA, ALFREDO
STREET ADDRESS	50 W MASHTA DR STE 6
CITY-ST-ZIP	KEY BISCAYNE, FL
TITLE	STD
NAME	BOTTA,MARIA FERNANDA DE
STREET ADDRESS	50 W. MASHTA DR., STE. 6
CITY-ST-ZIP	KEY BISCAYNE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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: _____ 4-8-05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #