

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # 565610

1. Entity Name
INVESTACORP INC.



Principal Place of Business
**15450 NEW BARN ROAD
MIAMI LAKES, FL 33014**

Mailing Address
**15450 NEW BARN ROAD
MIAMI LAKES, FL 33014**

DO NOT WRITE IN THIS SPACE



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1790176

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ZWIGARD BRUCE A
8935 ARVIDA DR
CORAL GABLES, FL 33156**

**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**

10. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	ZWIGARD, BRUCE
STREET ADDRESS	8935 ARVIDA DR
CITY - ST - ZIP	CORAL GABLES, FL
TITLE	VD
NAME	SHERWOOD, SCOTT
STREET ADDRESS	11706 MELAEUCA WAY
CITY - ST - ZIP	COOPER CITY, FL
TITLE	VSOT
NAME	FARRELL, PATRICK
STREET ADDRESS	5076 WATERS EDGE WAY
CITY - ST - ZIP	COOPER CITY, FL 33330
TITLE	VD
NAME	NESTEL, RANDY K.
STREET ADDRESS	8502 NW 16TH ST.
CITY - ST - ZIP	MIAMI, FL
TITLE	V
NAME	VERGA, JOSEPH
STREET ADDRESS	5761 NW 191 TERR
CITY - ST - ZIP	MIAMI, FL
TITLE	V
NAME	ASELA, MANTECON
STREET ADDRESS	8832 NW 150TH ST
CITY - ST - ZIP	MIAMI LAKES, FL

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03/08/05-80036-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Bruce Zwigard

March 1, 2005

305-557-3000

Date

Daytime Phone #