


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1790176	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZWIGARD BRUCE A 8935 ARVIDA DR CORAL GABLES FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC ZWIGARD, BRUCE 8935 ARVIDA DR CORAL GABLES FL			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHERWOOD, SCOTT 11706 MELAEUCA WAY COOPER CITY FL			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSDT GARRETT, PATRICK 5076 WATERS EDGE WAY COOPER CITY FL 33330			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NESTEL, RANDY K. 8502 NW 16TH ST. MIAMI FL			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VERGA, JOSEPH 5761 NW 191 TERR MIAMI FL			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ASELA, MANTECON 8832 NW 150TH ST MIAMI LAKES FL			<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.				U00000443025 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/04/06-80044-013 150.00	

SIGNATURE: _____

2/17/06 30557-3000