

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90158 044 ***150.00

DOCUMENT # 579154

1. Entity Name

ANOTHER INVESTMENT COMPANY, INC.



Principal Place of Business

548 LONGFIELD AVE
LOUISVILLE KY 40215

Mailing Address

548 LONGFIELD AVE
LOUISVILLE KY 40215



2. Principal Place of Business

670 E 58 St.

Suite, Apt. #, etc.

3. Mailing Address

670 E 58th St.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Hialeah FL

City & State

Hialeah

4. FEI Number

59-1874665

Applied For

Not Applicable

Zip
33013

Country

DADE

Zip
33013

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCIRE, SARAH K
670 E. 58 ST
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name

Sarah K. Scire

Street Address (P.O. Box Number is Not Acceptable)

670 E 58th St.

City

Hialeah

FL

Zip Code

33013

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 re-registering)

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SCIRE, SARAH | |
| STREET ADDRESS | 548 LONGFIELD AVE | |
| CITY-ST-ZIP | LOUISVILLE KY 40215 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | SCIRE, SARAH | |
| STREET ADDRESS | 548 LONGFIELD AVE | |
| CITY-ST-ZIP | LOUISVILLE KY 40215 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | SCIRE, VIVIAN | |
| STREET ADDRESS | 670 E 58 ST | |
| CITY-ST-ZIP | HIALEAH FL 33013 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|---|
| TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sarah Scire | |
| STREET ADDRESS | 548 Longfield Ave | |
| CITY-ST-ZIP | Louisville KY 40215 | |
| TITLE | S | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sarah Scire | |
| STREET ADDRESS | 548 Longfield Ave | |
| CITY-ST-ZIP | Louisville KY 40215 | |
| TITLE | VP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Vivian Scire | |
| STREET ADDRESS | 670 E 58th St. | |
| CITY-ST-ZIP | Hialeah FL 33013 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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.

SIGNATURE:

Sarah K Scire

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

DATE

Daytime Phone #