


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 648725**  
 1. Entity Name  
**INDIAN INVESTMENTS INCORPORATED**



Principal Place of Business 3191 SW 14TH PLACE STE #13 BOYNTON BEACH, FL 33426 US	Mailing Address 3191 SW 14TH PLACE STE #13 BOYNTON BEACH, FL 33426 US
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**DO NOT WRITE IN THIS SPACE**



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1979695	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNO, MELBA R  
 3191 SW 14TH PLACE  
 STE #13  
 BOYNTON BEACH, FL 33426

**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 \_\_\_\_\_ 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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRUNO, ANTHONY O. 3191 SW 14TH PLACE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BRUNO, MELBA R 3191 SW 14TH PLACE BOYNTON BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRUNO, MELBA R 3191 SW 14TH PLACE BOYNTON BEACH, FL
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 02/19/04-80066-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 667, 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:  **RES** 2/9/2004 242.1263  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #