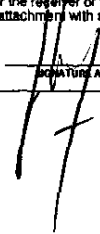


FILED
Apr 10, 2003 8:00 am
Secretary of State
04-10-2003 90118 031 ***150.00

10063170

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000006562			
1. Entity Name INVESTMO CORPORATION			
Principal Place of Business PO BOX 3152 ROAD TOWN, TORTOLA, BVI,		Mailing Address PO BOX 3152 ROAD TOWN, TORTOLA, BVI,	
2. Principal Place of Business		3. Mailing Address 650 S. Park Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt. 5-27	
City & State		City & State Hollywood, FL	
Zip	Country	Zip	Country
33021	USA	33021	USA
6. Name and Address of Current Registered Agent MERKIN, STEWART A 444 BRICKELL AVE., STE 300 MIAMI, FL 33131		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 standing.) DATE _____			
FILED NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$580.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENMOUSSA, PIERRE 18 AVENUE BARA LA VARENNE ST HILANE FRANCE, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENMOUSSA, YOLAINE M 18 AVENUE BARA LA VARENNE ST HILANE FRANCE, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 registrant 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:  Pierre Benmoussa		Date 04.04.03 (FEL) 9836331	