


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # H23261 1. Entity Name CINGRA INVESTMENTS, INC.	
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Principal Place of Business 11 NE 1ST ST POMPANO BEACH, FL 33060	Mailing Address 6051 N OCEAN DR #704 HOLLYWOOD, FL 33019
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2487285	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIMPSON, FOREST VIRGIL 813 NW 1ST STREET FT. LAUDERDALE, FL 33311
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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, 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	P SIMPSON, FOREST VIRGIL 6051 N OCEAN DR #704 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMPSON, STELLA F 6051 N OCEAN DR #704 HOLLYWOOD, FL 33019
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100000002098
01/12/04-80037-012 150.00

**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)(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 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:  **1-8-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #