

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # J87267**

1. Entity Name  
INVESTAMAR INTERNATIONAL, INC.



Principal Place of Business  
8033 NW 36TH ST  
SUITE 440  
MIAMI SPRINGS, FL 33166

Mailing Address  
8033 NW 36TH ST  
SUITE 440  
MIAMI SPRINGS, FL 33166

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**



**DO NOT WRITE IN THIS SPACE**

01202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2835588

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ISICOFF & RAGATZ, P.A.  
1101 BRICKELL AVENUE  
SUITE 800 SOUTH TOWER  
MIAMI, FL 33131

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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

000000046638  
02/12/04-80008-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	RIBADENEIRA, DIEGO
STREET ADDRESS	8033 NW 36TH ST #440
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	VPS
NAME	RIBADENEIRA, DANIELA
STREET ADDRESS	8033 NW 36TH ST #440
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	AS
NAME	MENENDEZ, GEORGINA
STREET ADDRESS	8033 NW 36TH ST #440
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04 (305) 597-9044  
Date Daytime Phone #