2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # K65095

1. Entity Name

INGABOR INVESTMENTS, INC.

Principal Place of Business	Mailing Address
% A. JOHN BORRESEN 1541 BRICKELL AVE, THE PALACE 1505 MIAMI FL 33129	% A. JOHN BORRESEN 1541 BRICKELL AVE, THE PALACE 1505 MIAMI FL 33129

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0102736 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BORRESEN, A. JOHN 1541 BRICKELL AVE THE PALACE 1505 MIAMI FL 33129	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 accep the obligations of registered agent

SIGNATURE A. John Borresen Pres

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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

CK #334 2/2/06

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May E Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Add
NAME	BORRESEN, A. JOHN		NAME	
STREET ADDRESS	1541 BRICKELL AVE, #1505		STREET ADDRESS	U000000430193
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	02/22/06-80039-006 150.00
TITLE	DT	☐ Delete	TITLE	☐ Change ☐ Add
NAME	BORRESEN, CHARLOTTE Z.		NAME	
STREET ADDRESS	1541 BRICKELL AVE. #1505		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	
TITLE	DSC	☐ Delete	TITLE	☐ Change ☐ Add
NAME	INGHAM, CATHERINE		NAME	
STREET ADDRESS	8 TRINITIE DR.		STREET ADDRESS	
CITY-ST-ZIP	DUCK NC		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Add
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 informatic 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 direc 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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: A. John Borresen 1-28-06 305-285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE