2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

, •	ANNUAL R	EPORT (AR)		FILED	
DOCUMENT # K66803 1. Entity Name				Jan 28, 2005 08:00 A	
GAJO IN\	VESTMENTS, INC.		***	Secretary or State	
Principal Plac	e of Business	Mailing Address			, - . .
21170 NE 2 AVENTURA US		21170 NE 22ND CT AVENTURA FL 33180 US		CONTROLS FOR FAMILIFICATION STREET AND ADDRESS AND ARREST FRANCE	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)	
City & State		City & State		65 0104257 	Applied For Not Applicab
Zip	Country	Zip	Country	5. Certificate of Status Desired Security Securi	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
500	DENT 1 ANGESTOR AT		Name	· -	
ROSEN, LAWRENCE N 21170 NE 22ND CT AVENTURA FL 33180			Street Address (P.O. Box Number is Not Acceptable)		
			City	El Zip Co	orte
			<u> </u>		
8. The above the obligat	named entity submits this statement is tions of registered agent.	or the purpose of changing its r	eģīstered office or regis	stered agent, or both, in the State of Florida. I am familiar with	1, and accep
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signature requ	ired when reinstaling) DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department o				5.00 May B
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 11
HILE	DP	☐ Delete	TITLE	☐ Charige	T AGEN
NAME	GILINSKI, JOSHUA		NAME		
STREET ADDRESS CITY-ST-ZIP	21170 N.E 22ND COURT MIAMI FL 33180		STREET ADDRESS CITY-ST-ZIP		
	VP		TIBE		T ALCOHO
IIILE NAME	ROSEN, LAWRENCE N	☐ Delete	NAME	U1/28/US-80058-02 0 15 0	
STREET ADDRESS	2925 AVENTURA BLVD STE 308		STREET ADDRESS		
CiTY-ST-7IP	AVENTURA FL		CITY-ST-7IP		
Trité		☐ Delete	HTLE	☐ Change	☐ Addille
NAME	manager of the		NAME SHREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		Delete	TITLE	Change	Arkillia
NAME		- Delete	NAME		
GIREFT ADDRESS	{		SIREEL ADDRESS		
CITY-ST-ZIP		- ,	CHY-SI-ZIP		
TITLE		☐ Delete	DILF NAME	☐ Change	Adding.
NAME STREET ADDRESS	}		STREET ADDRESS		
CITY-ST-ZIP	Opening and the second		CHY-S1-DP		
mte		☐ Delete	BILL	☐ Change	☐ Addiii
NAME			NAME		
CITY-SI-ZIP			STREET ADDRESS CHTY-ST-ZIP		
	cortific that the information armalia a state	this filing document execution for		Saction 119 07/3V() Florida Statutae 1 further partify that the	information
indicated of the cor changed,	certary was ever mormation supplied with on this report or supplemental report is poration or the repover or trustee emp , or on an attachment with an address,	s true and accounte and that my owered to execute this report a with all other like empowered.	y signature shall have the stepping of the ste	Section 119.07(3)(i), Florida Statutes 1 further certify that the le same legal effect as if made under oath; that I am an office 607, Florida Statutes, and that my name appears in Block 10	er Block 1!

SIGNATURE: Lawrence N. Rosen 1/25/04 305/932-9955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Days Days Phone F