2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM

ANNOAL ILL OIL					_ Apr 27, 2004 00.00 F		
DOCUMENT # K92380 1. Entity Name FIRM INVESTMENT, INC.			Secretary of State				
Principal Place of Business Mailing Address 513 HIBISCUS DRIVE 513 HIBISCUS DRIVE HALLANDALE, FL 33009 HALLANDALE, FL 33009		513 HIBISCUS DRIVE					
ם	O NOT WRITE I	CE	04262004 4. FEI Numb 65-012	No Chg-P	CP2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MUNZ, MAREK 513 HIBISCUS DRIVE HALLANDALE, FL. 33009					NOT W	-	
5. The above	named entity submits this statement for the ions of registered agent.	purpose of changing its registers	ed office or registe		THIS SP		
SIGNATURE.	Signature, typed or printed name of registered agent and fit	le « applicable (NOTE Registered	d Agent signature require	ed when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.		5.00 May Be ded to Fees	U00000	0141238 -80002-820-150.00	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIR PT MUNZ, MAREK 513 HIBISCUS DR. HALLANDALE, FL S MUNZ, HELGA 513 HIBISCUS DR.	ECTORS			* U4,*UU,*U4-	-80002-020-150,00	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HALLANDALE, FL				NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SF	PACE	

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04 954-4058