

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # K92380

1. Entity Name
FIRM INVESTMENT, INC.



**FILED
Mar 10, 2005 8:00 am
Secretary of State**

03-10-2005 90154 009 ***150.00

00044445



01102005 Chg-P CR2E034 (10/03)
4. FEI Number
65-0121485

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

6. Name and Address of Current Registered Agent

MUNZ, MAREK
513 HIBISCUS DRIVE
HALLANDALE, FL 33009

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 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT Delete
NAME MUNZ, MAREK
STREET ADDRESS 513 HIBISCUS DR.
CITY-ST-ZIP HALLANDALE, FL

TITLE S Delete
NAME MUNZ, HELGA
STREET ADDRESS 513 HIBISCUS DR.
CITY-ST-ZIP HALLANDALE, FL

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

MAREK MUNZ

3/05/05 954-456-4058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #