2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000054233

1. Entity Name INVESTA FINANCIAL SERVICES, LLC.



FILED Jun 03, 2005 8:00 am Secretary of State 06-03-2005 90426 001 ****50.00

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Principal Plac	ce of Busines:	S	Mailing Address								
2410 HOLLYWOOD BLVD.			2410 HOLLYWOOD BLVD.				PARAPARA				
HOLLYWOOD, FL 33020			HOLLYWOOD, FL 33020								
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2. Principal F	Place of Busin	ess	3. Mailing Address								
0							(1962244 61) 6				MBB 111 (BB)
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03202005	Chg-LLC	CR2E	083 (10/03)		
City & State			City & State			4. FEI Number				pplied For	
-									N	ot Applicable	
Zip Country		Zip Coun		itry	5. Certi		f Status Desired		\$5.00 Ad Fee Require		
 -	6. Name	and Address of Current F	legistered Agent				7. Name and /	Address of New R	eaistered	··	
					Name				<u> </u>		
GESSNER, CARL			Stroot Address			ddraec /I	P A Boy Number	is Not Acceptable	3		
2410 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020			Succe Audiess			· cession	.O. DOX HUMOCI	is Not Acceptable	·,		
	,	,									
				City		***		FL	Zip Coc	te	
8. The above named entity submits this statement for the purpose of changing its regis						register	ed agent, or both	in the State of Flo		- }	and accept
the obligations of registered agent.											
SIGNATURE											
	Signature, typec i	or printed name or registered agent ar	nd title if applicable. (NOTE:	Registere	d Agent signate	ure required	when reinstating)	ellariskum ordunova a kojukero	DATE	venitra stila iriaansa mir	na di ingganiana na ma
E:	iling Fee is	ļ									
D	ue by May	, 1, 2005						A SECULATION OF A SECULATION	payable to sent of Stat		
9.	MCD	MANAGING MEMBER		10.		4		ADDITIONS/	CHANGES		
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CITY-ST-ZIP	•				ST-ZP						
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STREET ADDRESS CITY-ST-ZIP			-	T ADORESS							
TITLE		** ********	Ni a	-	SI-ZIP						
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STREET ADDRESS CITY-ST-ZIP				4	T ADDRESS						
	his filing does not qualify for t		ST-ZIP								
indicated	on my utal arc	mornaron supplied with the	ms ming coes not quality for t	пе ехеп	nption state	ea in Sec	tion 119.07(3)(i).	Horida Statutes, I	further cer	tify that the in	formation

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Horida Statutes.

SIGNED ANTRUY A FENCINE
SIGNED GRANAGER, OR AUTHORIZED REPRESENTATIVE