2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUM 1. Entity Name CSA INVES						FILED 04 FEB -9 AM 9: 54				
Principal Place o 1205 S.E. 11Th FT. LAUDERDAL	H COURT	6 US	Mailing Address 1205 S.E. 11TH COURT FT. LAUDERDALE, FL 33316		US	TALL	RETARY OF S AHASSEE, FL	ORIDA		; ;
2. Principal Plac	ce of Business	S	3. Mailing Address							
Suite, Apt. #,	etc.		Suite, Apt. #, etc.	-	01132004	Chg-P	CR2E034 (10	1/03) Ol	1	
City & State			City & State		4. FEI Numbe 65-016			Applied Fo		
, Zip	Country		Zip Cour		try	5. Certificate of Status Desired S8.75 Additional Fee Required				
	d Address of Current F	7. Name and Address of New Registered Agent Name								
_ALLENBY,_C 1205 S.E. 11 FT. LAUDER	ITH COUR	T			Street Address (P.O. Box Number is Not Acceptable)					
TI. ENOBER	NDALE, I L	33310								
8 The above no	amod ootiby o	infinite this statement for	the grande of changing its	City		1 1 1 0 0 1 1 1 5	FL	p 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.										
SIGNATURE Signature, typot conjugated agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees										
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRE	CTORS IN 11	、
	P Delete ALLENBY, CLIFFORD S				E			CI	nange 🔲 Add	fition
		TH COURT DALE, FL 33316		ET ADDRESS -ST-ZIP	01/14/	002689 0401011	99777 020 **19	9.00	1	
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NAME STREET ADDRESS				E Et address						
CITY-ST-ZIP	rtify that the in	formation supplied with t	his filing does not qualify for	the eve	-ST-ZIP	ction 119 07/2V	i) Florida Statutos 1	further postification	t the inferred	
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 of 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 additions, with all other like empowered.										
SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Date Date Date Date Date Date										