



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L64841</b> 1. Entity Name <b>MURSA INVESTMENTS CORPORATION</b>	
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Principal Place of Business <b>% RAFAEL A. PENALVER, JR. 1101 BRICKELL AVE., SUITE 1700 MIAMI, FL 33131</b>	Mailing Address <b>% RAFAEL A. PENALVER, JR. 1101 BRICKELL AVE., SUITE 1700 MIAMI, FL 33131</b>
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**DO NOT WRITE IN THIS SPACE**

  
04072005 No Chg-P CR2E034 (10/03)  
4. FEI Number  
**NOT APPLICABLE**  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**PENALVER, RAFAEL A., JR.  
1101 BRICKELL AVE.  
SUITE 1700  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting)  
Signature, typed or printed name of registered agent and title, if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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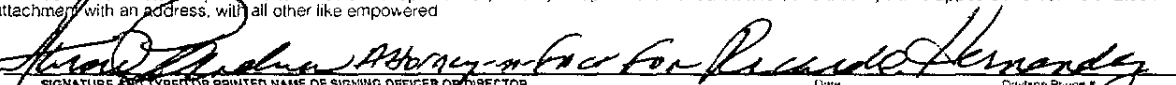
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PDS HERNANDEZ, RICARDO 5225 COLLINS AVE. MIAMI BEACH, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
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10000037141  
08/26/05-80001-002 550.00

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:  **Signature and typed or printed name of signing officer or director**  
Date: **8/23/05**  
Daytime Phone # \_\_\_\_\_