## FOR PROFIT CORPORATION 2004 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 15, 2004 8:00 am Secretary of State

Daytime Phone #

| DOCUMENT # P00000048171  1. Entity Name  Significant Investments Inc.   |   |   |   |   | 03-15-2004 90034 010 ***150.00   |  |
|---|---|---|---|---|--|--|
| Significant Investment  DO No   |   | E IN THIS   | SPA   |   | 4401713  | 6  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |   |  |  |
| 8045 Noremac Avenue Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |   | DO NOT WRITE IN THIS SPACE   |  |
| City & State  |   | City & State  |   |   | 4. FEI Number Applied For  |  |
| Miami, FL   |   | <u> </u>  |   |   | 65-1009466   | Not Applicable                                       |
| Zip<br>33141  | Country   | Zip   | Col   | intry   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required                       |
|   |   |   |   | 7. Nam<br>Name  | e and Address of Current Reg   | stered Agent   |
| l i Maria Kabatan batan   | O NOT V<br>N THIS S                                   |   |   | Street Add  | ress (P.O. Box Number is Not A   | cceptable)   |
|   | N IIIIO O   | PACL  | e late, or light  |   |  |  |
|   |   | r   |   | City  | FL   | Zip Code   |
| State of Florida. I<br>SIGNATURE  | am familiar with, a                                   | and accept the oblig  | gations of re   | gistered agen   |  |  |
| Signature, typed or printed name of registered agent and to January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State |   |   |   | e. (NOTE: Regis   | 9. Election Campaign Financing Trust Fund Contribution.  | \$5.00 May Be Added to Fees                          |
| 10.<br>TITLE  | PTSD  | AND DIRECTORS   | 11.   | E a la participa  |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Glennis Padilla<br>8045 Noremac Av<br>Miami Beach, FL |   | P 10  | ME<br>REET ADDRES<br>Y-ST-ZIP                           | S  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | :   | CIT   | ME<br>REET ADDRES<br>Y-ST-ZIP                           | S  |  |
| NAME STREET ADDRESS CITY-ST-ZIP   |   |   | NAM<br>STF<br>CIT   | LEME<br>REET ADDRES<br>Y-ST-ZIP                         | THE EDUNGIEV   | contribute to the inferior background the contribute |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ,   | 77.70   | NAM<br>STF  | LE<br>ME<br>REET ADDRES<br>Y-ST-ZIP                     | IN THIS S  | PACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   | STF   | LE<br>ME<br>REET ADDRES<br>Y-ST-ZIP                     | S  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   | STF<br>CIT  | MÉ<br>REET ADDRES<br>Y-ST-ZIP                           |  |  |
| 12. I hereby certify that t<br>certify that the inform<br>as if made under oat<br>Chapter 607, Florida  | nation indicated on this<br>h; that I am an officer   | s report or supplements<br>or director of the corpo<br>name appears in Bloc | not qualify for the<br>al report is true<br>pration or the re | ne exemption sta<br>and accurate a<br>ceiver or trustee | ated in Section 119.07(3)(i), Florida Stand that my signature shall have the same empowered to execute this report as an address, with all other like empowe | ne legal effect<br>required by                       |