

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90084 043 ***150.00

| | | | |
|---|---------------------------------|--|--|
| DOCUMENT # P00000054119 1. Entity Name WARWICK INVESTMENTS, INC. | | | |
| Principal Place of Business 3020 NE 32ND AVENUE SUITE #524 FORT LAUDERDALE, FL 33308 | | Mailing Address 3020 NE 32ND AVENUE SUITE #524 FORT LAUDERDALE, FL 33308 | |
| 2. Principal Place of Business 3450 NW 110th Terrace Suite, Apt. #, etc. | | 3. Mailing Address 3450 NW 110th Terrace Suite, Apt. #, etc. | |
| City & State Coral Springs, FL Zip 33065 | | City & State Coral Springs, FL Zip 33065 | |
| Country USA | | Country USA | |
| 4. FEI Number 65-1015348 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MARSH, KENNETH 871 W OAKLAND PARK BLVD #201 FORT LAUDERDALE, FL 33311 | | 7. Name and Address of New Registered Agent Name Marsh, Kenneth Street Address (P.O. Box Number is Not Acceptable) 3450 NW 110th Terrace City Coral Springs FL Zip Code 33065 | |
| 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 President 01/27/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P NAME MARSH, KENNETH STREET ADDRESS 3020 NE 32ND AVE #524 CITY-ST-ZIP FT. LAUDERDALE, FL 33308 | <input type="checkbox"/> Delete | TITLE President NAME Kenneth Marsh STREET ADDRESS 3450 NW 110th Terrace CITY-ST-ZIP Coral Springs, FL 33065 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP NAME DESPOSITO, NICOLE STREET ADDRESS 3020 NE 32ND AVE CITY-ST-ZIP FT. LAUDERDALE, FL 33308 | <input type="checkbox"/> Delete | TITLE VP NAME Nicole Desposito STREET ADDRESS 3450 NW 110th Terrace CITY-ST-ZIP Coral Springs, FL 33065 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Kenneth Marsh | | Date 01/27/05 Daytime Phone # 954-753-5802 | |

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01272005 Chg-P CR2E034 (10/03)