2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 13, 2004 08:00 AM Secretary of State

	ANNUAL	REPORT	المنتجسية المنيا			rratars	of State
1. Entity Nam	MENT # P00000055 ATIONAL INVESTMENTS O		Secretary of State				
Principal Place of Business C/O LONDON WITTE & COMPANY, P.A. 3101 N. FEDERAL HIGHWAY #700 FORT LAUDERDALE, FL 33306 Address C/O LONDON WITTE & COMPANY 3101 N. FEDERAL HIGHWAY # FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33306		700					
C	OO NOT WRITE	CE	01272004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 98-0156547 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
C/O KARI 2 ALHAME	RA REGISTERED AGENTS, INC P & GENAUER, P.A. BRA PLAZA - SUITE 1202 ABLES, FL 33134	DO NOT WRITE IN THIS SPACE					
8. The above the obligat SIGNATURE	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a	of title if applicable. (NOTE Registere	d Agent signature required	d when reinstating)		rida. I am familia DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	Selection Campaign Finar Trust Fund Contribution.	· _ , ••.	-00 May Be led to Fees			
10. TITLE NAME SIRSET ADDRESS GITY-SI-ZIP	OFFICERS AND E PD VINCENT, STEVE C/O 3101 N. FEDERAL HIGHWA FORT LAUDERDALE, FL 33306						
TITLE NAME STREET ADDRESS CITY ST-ZIP		Silvenson orang page 1 & in Topology (174 at 2 200)			UONAA 02/13/04 	7049929 -80043-00	08 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY+ST+ZIP				IN ⁻	THIS SF	ACE	
NTLE NAME STREET ADDRESS CITY ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11.		-			i gi gan Liberta da A
12. I hereby of indicated of the conchanged	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor , or on an attachment with an address, w	his filing does not qualify for the exer rue and accurate and that mystbria vered to execute this report as redu ith all other like empoweren.	nption stated in Se ure shall have the s red by Chapter 607	ection 119.07(3)(same legal effec 7, Florida Statute	(i), Florida Statutes. I at as if made under o as; and that my name	further certify the eath, that I am an appears in Bloo	at the information officer or director k 10 or Block 11 if