


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000062766**

1. Entry Name  
 2425 INVESTMENTS, INC.



Principal Place of Business      Mailing Address  
 10000 SW 56TH STREET SUITE 32      10000 SW 56TH STREET SUITE 32  
 MIAMI, FL 33165      MIAMI, FL 33165

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01222004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 65-1024844      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

RODRIGUEZ, P. NELSON  
 10000 SW 56TH STREET SUITE 32  
 MIAMI, FL 33165

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number Is Not Acceptable)  
 City      **FL**      Zip 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.

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

| TITLE | NAME                 | STREET ADDRESS                | CITY-ST-ZIP     | <input type="checkbox"/> Delete |
|-------|----------------------|-------------------------------|-----------------|---------------------------------|
| D     | RODRIGUEZ, P. NELSON | 10000 SW 56TH STREET SUITE 32 | MIAMI, FL 33165 | <input type="checkbox"/>        |
|       |                      |                               |                 | <input type="checkbox"/>        |
|       |                      |                               |                 | <input type="checkbox"/>        |
|       |                      |                               |                 | <input type="checkbox"/>        |
|       |                      |                               |                 | <input type="checkbox"/>        |
|       |                      |                               |                 | <input type="checkbox"/>        |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **P. Nelson Rodriguez.**      01-27-04      305-595-8220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #