2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P00000077 TA INVESTMENTS, INC.	528			tary of Stat 04 90045 007 ***150.00	
Principal Plac 7801 N.W. 7 MIAMI, FL 3		Mailing Address 7801 N.W. 7TH AVENUE MIAMI, FL 33150				
	Place of Business Sw49 Street #, etc.	3. Mailing Address 9845 Sw 4 Suite, Apt. #, etc.	19 St.	01192004 Chg-P	CR2E034 (10/03)	
City & Stat	e	City & State		4. FEI Number	Applied Fo	or
Min Zip	Country	Mianu 7	Jordan Jordan	65-1032841	Not Applica \$8.75 Additional	able
3310	6. Name and Address of Current I	Zip Co		Certificate of Status Desired Name and Address of New	Fee Required	
Name Name					registered Agent	\dashv
REVUELTA, JULIAN JR. 7801 N.W. TITA AVENUE 9845 Sw 49 Street MIAMI, FL 33150 Marni, 71. 33165			Street Address (P.O. Box Number is Not Acceptab	le)	
-MIAMI, FL	Miam	i,71.33165	· · · · · · · · · · · · · · · · · · ·			
		•	City		FL Zip Code	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a		tered office or register		orida. I am familiar with, and acc	ept
o Fil After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Fin Trust Fund Contribution		00 May Be ed to Fees		
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVUELTA, JULIAN JR. 7001 N.W. 7TH AVENUE MIAMI, FL. 33150		NAME STREET ADDRESS CITY-ST-ZIP	845 SW 49 St. Ua 71. 33165	☐ Change	dition
TITLE	D CEVALET TA MARY		TITLE		☐ Change ☐ Add	dition
NAME STREET ADDRESS CITY-ST-ZIP	REVUELTA, MARY 7801 N.W. 7TH AVENUE MIAMI, FL-99150-			345 SW 49 3+		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	dition
NAME STREET ADDRESS CITY-ST-ZIP			TITLE - NAME STREET ADDRESS CITY - ST-ZIP		☐ Change ☐ Add	dition
TITLE			ITTLE		☐ Change ☐ Add	dition
NAME STREET ADORESS			NAME Street address			
CITY-ST-ZIP			CRTY - ST - ZIP		Character Char	Miki
NAME STREET ADDRESS CITY-ST-ZIP		,	NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	UIEIDÑ
12. I hereby of indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	this filing does not qualify for the e true and accurate and that my sig wered to execute this report as re-	exemption stated in Se mature shall have the s	same legal effect as if made under	oath: that I am an officer or direct	ctor