

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90296 037 ***150.00

DOCUMENT # P00000090841 1. Entity Name INFINITY INVESTMENTS, INC.			
Principal Place of Business 5121 SW 154 PL MIAMI, FL 33185		Mailing Address 5121 SW 154 PL MIAMI, FL 33185	
2. Principal Place of Business 4560 SW 156 PLACE		3. Mailing Address 4560 SW 156 PLACE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33185		Zip 33185	
Country DADE		Country DADE	
4. FEI Number 65-1131216		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 COLLAZO, MARIA E 5121 SW 154 PL MIAMI, FL 33185		7. Name and Address of New Registered Agent Name COLLAZO, MARIA E Street Address (P.O. Box Number is Not Acceptable) 4560 SW 156 PLACE City MIAMI FL 33185	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	DP COLLAZO, MARIA E 5121 SW 154 PL MIAMI, FL 33185	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COLLAZO, JORGE P 5121 SW 154 PL MIAMI, FL 33185	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PEDRO, COLLAZO J 5121 SW 154 PLACE MIAMI, FL 33185	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COLLAZO PEDRO J 4560 SW 156 PLACE MIAMI, FLORIDA 33185	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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:		Date 4-27-2004 (305) 968-8597 Daytime Phone #	