2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

DOCUMENT # P0000098204 1. Enlity Name L.C. OVERSEAS INVESTMENTS CORP.	Secretary or state
Principal Place of Business — Mailing Address 18480 N.W. 19TH STREET — 18480 N.W. 19TH STREET PEMBROKE PINES, FL 33029 US — PEMBROKE PINES, FL 33029	
DO NOT WRITE IN THIS SPA	04052005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For
	65-1054021 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
CAMINO, LUIS B 18480 N.W. 19TH STREET PEMBROKE PINES, FL 33209	DO NOT WRITE
	IN THIS SPACE
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	roof Agent signalure required when reinstating) DATE
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS	
NAME CAMINO, EDITH M STREET ADDRESS 18480 N.W. 19TH STREET	
CITY-ST-ZIP PEMBROKE PINES, FL 33209	
NAME CAMINO, LUIS B STREET ADDRESS 18480 NW 19TH ST	·
CITY-ST-ZIP PEMBROKE PINES, FL 33029	U00000343499 - 04/29/05-80098-004 150.00
NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<u></u>
STREET ADDRESS CITY ST-ZIP	
TITLE MAINE	- -
STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes 1 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 rustee ampowered 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 addition, with all other like empowered.	
SIGNATURE: SIGNATURE AND TYPED OR PRINTING NAME OF SIGNING OFFICER OR DIRECT	1/25/05 954-817.9941 CTOR Date Daylime Phone #