2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000025226

1. Entity Name

4415 INVESTMENTS, INC.

Principal Place of Business	Mailing Address
4415 MONSERRATE STREET CORAL GABLES, FL 33146	4415 MONSERRATE STREET CORAL GABLES, FL 33146

01052004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1093513	Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

---

6. Name and Address of Current Registered Agent

DAHAN, SIMON
4415 MONSERRATE STREET
CORAL GABLES, FL 33146

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 _____ Simon DAHAN _____ 1/5/04

Signature, typed or printed name of registered agent and title if applicable.   (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. ☐ **$5.00** May Be Added to Fees

---

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	DAHAN, SIMON
STREET ADDRESS	4415 MONSERRATE STREET
CITY-ST-ZIP	CORAL GABLES, FL 33146

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000000797
01/09/04-80013-004 158.75

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: _____ Simon DAHAN 1/5/04   (305) 665-1845

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