## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000054383

Title:

Name:

Address:

City-St-Zip:

MD

( ) Delete

SIMMONS, DANIELLE W

180 N.W. 49 STREET

MIAMI, FL 33127

FILED Apr 30, 2004 Secretary of State

Entity Nan	ne: SIMMONS	S AND EVANS INVESTMENT, I	NC.		
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
180 N.W. 49 STREET MIAMI, FL 33127			1737 NW 75 STREE MIAMI, FL 33147	1737 NW 75 STREET MIAMI, FL 33147	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
180 N.W. 49 STREET MIAMI, FL 33127			1737 NW 75 STRRI MIAMI, FL 33147	1737 NW 75 STRRET MIAMI, FL 33147	
FEI Number:	65-1083677	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
EVANS, DERRICK E 180 N.W. 49 STREET MIAMI, FL 33127 US				EVANS, DERRICK E 1737 NW 75 STREET MIAMI, FL 33147 US	
The above in the State		ubmits this statement for the pu	rpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: DERRICK EVANS				04/30/2004	
	Electron	ic Signature of Registered Age	nt	Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () EVANS, DERRIG 180 N.W. 49 ST MIAMI, FL 3312	REET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD () EVANS, MAKIKO 180 N.W. 49 ST MIAMI, FL 3312	REET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () SIMMONS, JOE 180 N.W. 49 ST MIAMI, FL 3312	REET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	TD (X) MCSWAIN, LAK	Delete	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOE SIMMONS VΡ 04/30/2004

() Change () Addition