


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90002 002 ***150.00

DOCUMENT # P01000058761	
1. Entity Name INVESTIGATIONS, INC.	

Principal Place of Business 2637 E. ATLANTIC BLVD., PMB 200 POMPANO BEACH, FL 33062	Mailing Address 2637 E. ATLANTIC BLVD., PMB 200 POMPANO BEACH, FL 33062
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50053299



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 24408 Suite, Apt. #, etc.
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05272005 Chg-P CR2E034 (10/03)

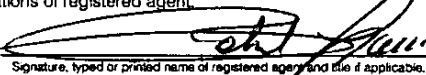
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33307	Country Blownd

4. FEI Number 65-1125194	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COHEN, GWYNNE 2637 E. ATLANTIC BLVD., PMB 200 POMPANO BEACH, FL 33062	
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7. Name and Address of New Registered Agent Name Robert D. Franco Street Address (P.O. Box Number is Not Acceptable) 51 EAST COMMERCIAL BLVD City Fort Lauderdale FL Zip Code 33334	
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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 	DATE 5-27-05

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD, VP, S.T. D FRANCO, ROBERT D 2637 E. ATLANTIC BLVD., PMB 200 POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD COHEN, GWYNNE 2637 E. ATLANTIC BLVD., PMB 200 POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, MICHAEL C 2637 E. ATLANTIC BLVD. POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.	
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SIGNATURE 	DATE 5-27-05 954938-9610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

ATTACHMENT

50053299
#P01000058761

STOCK TRANSFER AGREEMENT

This agreement between Gwynne Cohen and Robert Franco.

Whereas Gwynne Cohen is now transferring 50% of the shares of stock that she owns in Investigations, Inc. a Florida corporation. She also relinquishes any interest she may have in Investigations, Inc.

Whereas Michael Cohen is a director of Investigations, Inc. and is relinquishing any interests he may have in Investigations, Inc.

AGREED

Gwynne F. Cohen
GWYNNE F. COHEN

Michael W. Cohen
MICHAEL W. COHEN

DATED: 2-24-05

**STATE OF FLORIDA
COUNTY OF BROWARD**

Sworn to and subscribed before me this 25th day of February, 2005 by
GWYNNE F. COHEN as VICE PRESIDENT OF INVESTIGATIONS, INC., and
MICHAEL W. COHEN as DIRECTOR OF INVESTIGATIONS, INC., who are
Personally known to me.



Luis E. Reyes
Commission # DD 055919
Expires Sep. 10, 2005
Bonded Thru
Atlantic Bonding Co., Inc.

Luis E. Reyes
LUIS E. REYES, NOTARY PUBLIC