
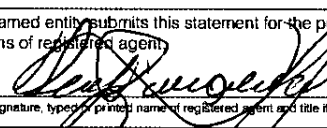
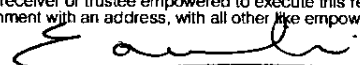


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90165 007 ***150.00

DOCUMENT # P01000066633 1. Entity Name AGPA INVESTMENTS, INC.					
Principal Place of Business 1800 W 49 ST, STE 301 HIALEAH, FL 33012			Mailing Address 1800 W 49 ST, STE 301 HIALEAH, FL 33012		
2. Principal Place of Business 1675 W, 49th Street Suite, Apt. #, etc.		3. Mailing Address 2800 Glades Circle Suite, Apt. #, etc. #E-102			
City & State HIALEAH, FL		City & State WESTON, FL		4. FEI Number 65-1120459	
Zip 33012		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIOS, LEOPOLDO J 1800 W 49 ST, STE 301 HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name Rios, LEOPOLDO J. Street Address (P.O. Box Number is Not Acceptable) 2800 Glades Circle, #E-102 City WESTON FL Zip Code 33327	
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 \$550.00 Due by September 8, 2004		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	VD PADILLA, INGRID 1800 W 49 ST, STE 301 HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUQUEJO, JUAN A. CALLE REGINA, RES. VILLA REGINA, #1-C CARACAS, VENEZUELA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AGUIRRE, RICARDO 1800 W 49 ST, STE 301 HIALEAH, FL 33012	<input checked="" type="checkbox"/> Delete		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"/> Delete	<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"/> Delete	<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"/> Delete	<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.					
SIGNATURE: 				5/3/04 (754) 2340161	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	