## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## May 03, 2005 8:00 am Secretary of State **DOCUMENT # P01000076490** 05-03-2005 90117 033 \*\*\*158.75 1. Entity Name H. REEVES INVESTMENTS, INC. Principal Place of Business Mailing Address ONE SOUTHEAST 3RD AVE ONE SOUTHEAST 3RD AVE 1980 1980 MIAMI, FL 33131 MIAMIL FL 33131 03012005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1135783 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Ν Fee Required 6. Name and Address of Current Registered Agent DERVISHI, BRIAN S ESQ DO NOT WRITE ONE SOUTHEAST 3RD AVE STE 1980 MIAMI, FL 33131 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MARTINEZ-TEJADA, LUIS E MR STREET ADDRESS **AVENIDA 82 12-18 OFICINA 501** CITY-ST-ZIP BOGOTA D F COLOMBIA, FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CDY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME 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)(i), Florida Statutes. I turther 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 studge 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.

LUIS EQUARDO MARTINEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

28/04/05

Dentime Phone P