

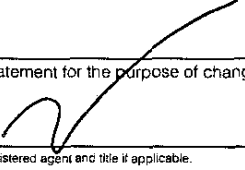
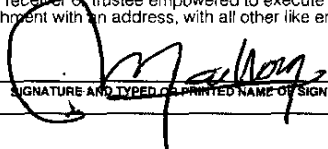


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90044 043 ***150.00

DOCUMENT # P01000083989					
1. Entity Name S. WELLS INVESTMENTS, INC.					
Principal Place of Business C/O ROTH ROUSSO & DARRACH PA 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021			Mailing Address C/O ROTH ROUSSO & DARRACH PA 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021		
2. Principal Place of Business 18851 NE 29th Ave		3. Mailing Address 18851 NE 29th Ave			
Suite, Apt. #, etc. 900		Suite, Apt. #, etc. 900		03012004 Chg-P CR2E034 (10/03)	
City & State Aventura - FL		City & State Aventura - FL		4. FEI Number 65-1134846	
Zip 33180		Zip 33180		Country USA	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROUSSO, MARK E ESQ C/O ROTH ROUSSO & DARRACH PA 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name: Roussio, Mark E Street Address (P.O. Box Number is Not Acceptable): 18851 NE 29th Ave, # 900 City: Aventura - FL 33180		
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:  Mark Roussio 03/11/04 (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: <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	DPVS FAILLACE, MARISA B 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAILLACE, MARISA B 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete <input checked="" 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"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete <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:  Faillace Marisa B. 3-17-04 7862790000 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #					