

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90101 050 \*\*\*150.00

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04232005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000097263</b> 1. Entity Name <b>MONEY MATTERS INVESTMENTS, INC.</b>																							
Principal Place of Business <b>1877-SOUTHWEST-24 AVE FT. LAUDERDALE, FL 33312</b>			Mailing Address <b>1877 SOUTHWEST 24 AVE FT. LAUDERDALE, FL 33312</b>																				
2. Principal Place of Business <b>2905 NE 2nd ST</b>		3. Mailing Address <b>2509 NE 2nd St</b>																					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																					
City & State <b>Pompano Beach FL</b>		City & State <b>Pompano Beach FL</b>		4. FEI Number <b>65-1144904</b>																			
Zip <b>33062</b>		Country <b>BRONX</b>		Applied For <input type="checkbox"/> Not Applicable																			
Zip <b>33062</b>		Country <b>BRONX</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																			
6. Name and Address of Current Registered Agent  <b>ULLMAN, JEFFREY 1877 SOUTHWEST 24TH AVENUE FT. LAUDERDALE, FL 33312</b>				7. Name and Address of New Registered Agent Name <b>JEFFREY ULLMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2509 NE 2nd Street</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33062</b>																			
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 _____																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>ULLMAN, JEFFREY</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>1877 SW 24 AVE FT LAUDERDALE, FL 33312</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>ULLMAN, JEFFREY</b>		CITY-ST-ZIP	<b>1877 SW 24 AVE FT LAUDERDALE, FL 33312</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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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: _____ <b>4/28/05</b> <b>954-232-8021</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																							