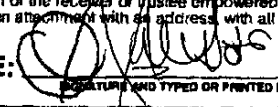


FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90262 047 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000110057			
1. Entity Name 1829 INVESTMENTS, CORP.			
Principal Place of Business 2765 BRATTLE LN CLEARWATER, FL 33761		Mailing Address 2765 BRATTLE LN CLEARWATER, FL 33761	
2. Principal Place of Business		3. Mailing Address 540 CAPELLAN Parkway Bldg 4 Apt 1033	
Suite, Apt. #, etc.		City & State ST. PETERSBURG, FLORIDA	
City & State		4. FEI Number 65-1157165	
Zip 33716		Country	
5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SOTO, HECTOR 2765 BRATTLE LN CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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-STATE-ZIP	D SOTO, HECTOR 17210 NW 64TH AVE NO. 213 MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SOTO, VERONICA 17210 NW 64TH AVE NO. 213 MIAMI, FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 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:  HECTOR SOTO		04-22-04 (727) 546-3020	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Lifetime Phone #	

24058601



04222004 Chg-P CR2E034 (10/03)