2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Apr 05, 2005 8:00 am Secretary of State

ANNUAL REPORT	Secretary of State
DOCUMENT # P02000013727 1. Entity Name POPULAR INVESTMENTS, INC.	04-05-2005 90056 009 ***150.00
figen time af a too yet sates the control of the control was positively as	
Principal Place of Business Mailing Address	The same of the sa
8095 NW 12TH STREET 4TH FLOOR 8095 NW 12TH STREET 4TH MIAMI, FL 33126 MIAMI, FL 33126	FLOOR TO THE THE PARTY OF THE P
the contraction of the superior of the contraction	. LABOTER I TE BRITO HER BRITO HER BRITO FROM BRITO BRITO BRITO HER HER BRITO HER BRIT
	T I DEGLI ART THE BERN EARLY STRING BRING BRING BRING TO AND THE WAS AND THE FOREIGN AND THE FOREIGN AND THE F
	02142005 · No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPA	4. I CHAPMEN
	65-1179120 Not Applicable
- 6. Name and Address of Current Registered Agent	5. Certificate of Status Desired Fee Required
15600 NW 67TH AVENUE SUITE 308	
IN THIS SPACE	
The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.	red office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	·
COMPANY CONTROL OF TAXABLE OF TAX	
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution	ncing \$5.00 May Be
10. OFFICERS AND DIRECTORS IIILE ST	
NAME SALUM, HENRY	
SIREET ADDRESS 8095 NW 12TH STREET 4TH FLOOR CITY-ST-ZIP MIAMI, FL 33126	
TITLE VD	1
NAME SALUM, ALINA STREET ADDRESS 8095 NW 12TH STREET 4TH FLOOR	
CITY-S1-ZIP MIAMI, FL 33126	4
TITLE NAME	المال مجموعة مصورتين والمجارات والأناف الماليون المرافقة المرافقية والرابيون
STREET ADDRESS CITY-S1-ZIP	DO NOT WRITE
CITY-S1-ZIP	<u> </u>
NAME	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP	1 :
FILE	1
NAME STREET ADDRESS	
CITY-ST-ZIP	
TITLE .	
STREET ADDRESS	
CITY-ST-ZIP	
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.	
changed, or on an attachment with an address. with all other like empowered.	