2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNOAL REPORT (AR)			1 Feb 14. 2	2005 8:00 am	
DOCUMENT # P02000016543 1. Entity Name			Secretary of State		
NEL-REY INVESTMENT COF	RP,		02-14-2005 9	90059 027 ***150.00	
Principal Place of Business Mailing Address					
11581 NW 68TH TERRACE 11581 NW 68TH TERRAC MIAMI FL 33178 MIAMI FL 33178		ACE	4001	0010	
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2. Principal Place of Business 3. Mailing Address 7668 NW //6 AU 7668 NW //6		116 AV			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE	CR2E034 (10/04)	
City & State DORAL FL	City & State DORAL 7	FL	4. FEI Number 01-062367	Applied For Not Applicable	
Zip 33/98 Country US	A Zip 33178	Country 5A	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
San a management of the san and the san an		Name NEL	NELSON J- SANCHEZ		
FIGOTINW COTTLERRACE			P.O. Box Number is Not Acceptab	ole)	
MIAMI FL 33178 7668			NW 1/6 AU		
City DOR.			NW 1/6 AU	FL Zip Code 128	
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 fedistered agent. NELSON J SANCHEZ Feb-1-2005					
SIGNATURE Signature, moded or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be					
After May 1, 2005 Fee Will Be \$550.00 Make Check avable to Florida Department of State					
	ICERS AND DIRECTORS	11,	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11	
TITLE D	⊠≮Delete	TITLE (D	1	Change _ Addition	
NAME SANCHEZ, NELSON STREET ADDRESS 11581 NW 68TH TERRA	ACE	•	ICHEZ NELSON 68 NW 116 AV		
CITY-ST-ZIP MIAMI FL 33178			RAL FLORIDA	33178	
THILE D	Б ≮Delete	TITLE	NCHEZ REINA	Change Addition	
NAME SANCHEZ, REINA STREET ADDRESS 11581 NW 68TH TERRA	ACE.) or do C	68 NW 116 AV		
CITY-ST-ZIP MIAMI FL 33178	-OL		RAL FLORIDA	33178	
TITLE	Delete .	TITLE		Change Addition	
NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	NAME STREET ADDRESS			
CiTY-ST-ZIP		CITY-ST-ZIP		****	
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP		Observa D Addition	
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME		NAME		-	
STREET ADDRESS CITY-ST-ZIP	•	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 further certify that the information indicated on this report or supplemental report is five 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 attagnment with all other like empowered.					
Milan Seelink in the Telation					
SIGNATURE:	Y /		- / / -		

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