



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90022 001 ***150.00

DOCUMENT # P02000018165 1. Entity Name INVESTMENTS INTERNATIONAL OF MARGATE, INC.					
Principal Place of Business 721 SW 71ST TERR PEMBROKE PINES, FL 33023			Mailing Address C/O COMPUKEEPER 1446 NW 2ND AVE, # 105 BOCA RATON, FL 33432		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address c/o CompuKeeper Suite, Apt. #, etc. 2298 NW 2nd Ave. #20			
City & State City State Boca Raton, FL		4. FEI Number 59-2072428		Applied For <input type="checkbox"/> Not Applicable	
Zip 33431	Country USA	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DORAK, MARY 1446 NW 2ND AVE 105 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Mary Dorak Street Address (P.O. Box Number is Not Acceptable) 2298 NW 2nd Ave. Ste 20 City State Zip Code Boca Raton FL 33431	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P KIVISELS, DEBORAH 721 SW 71ST TERR PEMBROKE PINES, FL 33023		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>X Deborah Kivisels</i>		Deborah Kivisels, Pr		2/6/06 954-610-9098	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	