

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90417 027 ***150.00

DOCUMENT # P02000027519

1. Entity Name
M.A. INVESTOR GROUP, INC.



Principal Place of Business

7228 NW 56 STREET
MIAMI, FL 33166

Mailing Address

7228 NW 56 ST.
MIAMI, FL 33166

14014375



2. Principal Place of Business

4462 NW 74th AVE.

3. Mailing Address

4462 NW 74th AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292005 Chg-P CR2E034 (10/03)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

01-0651171

Applied For

Not Applicable

Zip

33166

Country

U.S.

Zip

33166

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAPOLES, LUIS
4 10 WEST 41 PLACE
HIALEAH, FL 33012

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

Signature, typed or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/29/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME LUIS, NAPOLES
STREET ADDRESS 4 10 WEST 41 PLACE
CITY-ST-ZIP HIALEAH, FL 33012

TITLE VP ☐ Delete
NAME MERCEDES, CARUS
STREET ADDRESS 2 24 SW 96 COURT
CITY-ST-ZIP MIAMI, FL 33174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/05

Date

(786) 621-4382

Daytime Phone #