
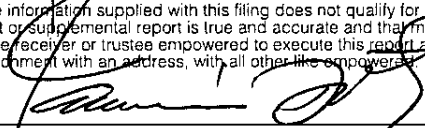


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90003 006 \*\*\*550.00

<b>DOCUMENT # P02000033691</b> 1. Entity Name INVESTMENTS 22, INC.																																																																																																																													
Principal Place of Business 717 PONCE DE LEON, STE 214 MIAMI, FL 33134			Mailing Address P.O. BOX 144133 CORAL GABLES, FL 33114-4133																																																																																																																										
2. Principal Place of Business 250 CATALONIA Suite, Apt. #, etc. S-401			3. Mailing Address  Suite, Apt. #, etc.																																																																																																																										
City & State CORAL GABLES, FL.			City & State  																																																																																																																										
Zip 33134		Country USA		4. FEI Number 01-0697476																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent DURAN, ALFREDO G 2601 S BAYSHORE DR, STE 1400 MIAMI, FL 33133			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 _____ DATE _____ <small>Signature, typed, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Delete <input type="checkbox"/></td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PD DORTA, RAMON</td> <td></td> <td>STREET ADDRESS</td> <td>ALL CHANGE ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>717 PONCE DE LEON, STE 214</td> <td></td> <td>CITY-ST-ZIP</td> <td>250 CATALONIA S-401</td> <td></td> </tr> <tr> <td></td> <td>MIAMI, FL 33134</td> <td></td> <td></td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD DORTA, FRANCISCO</td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>717 PONCE DE LEON, STE 214</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33134</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD TRIVELA, JUAN</td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>717 PONCE DE LEON, STE 214</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33134</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D VIVAS, GONZALO</td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>717 PONCE DE LEON, STE 214</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33134</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>Delete <input type="checkbox"/></td> <td>TITLE</td> <td></td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	Delete <input type="checkbox"/>	TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	PD DORTA, RAMON		STREET ADDRESS	ALL CHANGE ADDRESS		CITY-ST-ZIP	717 PONCE DE LEON, STE 214		CITY-ST-ZIP	250 CATALONIA S-401			MIAMI, FL 33134			CORAL GABLES, FL 33134		TITLE	SD DORTA, FRANCISCO	Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	717 PONCE DE LEON, STE 214		STREET ADDRESS			CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP			TITLE	TD TRIVELA, JUAN	Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	717 PONCE DE LEON, STE 214		STREET ADDRESS			CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP			TITLE	D VIVAS, GONZALO	Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS	717 PONCE DE LEON, STE 214		STREET ADDRESS			CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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 empowerments.																																																																																																																													
SIGNATURE:  <b>RAMON DORTA</b> 4/22/04 (305) 567-0097 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *</small>																																																																																																																													

**54071198**



03122004 Chg-P CR2E034 (10/03)