


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000033691</b> 1. Entity Name INVESTMENTS 22, INC.	
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Principal Place of Business 250 CATALONIA S-401 MIAMI, FL 33134	Mailing Address P.O. BOX 144133 CORAL GABLES, FL 33114-4133
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01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0697476	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  DURAN, ALFREDO G 2601 S BAYSHORE DR, STE 1400 MIAMI, FL 33133
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**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY - ST - ZIP	PD DORTA, RAMON 250 CATALONIA AVE S-401 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DORTA, FRANCISCO 250 CATALONIA AVE S-401 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TRIVELA, JUAN 250 CATALONIA AVE S-401 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VIVAS, GONZALO 250 CATALONIA AVE S-401 MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

01/18/05 (305) 567-0097  
Date Cell (305) 903-9027  
Daytime Phone #