


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90014 039 ***150.00

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| DOCUMENT # P02000054877- |  |
| 1. Entity Name INVESTMENT NETWORK CENTER, INC. | |

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|---|---|
| Principal Place of Business 15165 NW 77TH AVE STE 1004 MIAMI LAKES FL 33014 | Mailing Address 15165 NW 77TH AVE STE 1004 MIAMI LAKES FL 33014 |
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|---|---|
| 2. Principal Place of Business 7735 NW 146 ST | 3. Mailing Address 7735 NW 146 ST |
| Suite, Apt. #, etc. 204 | Suite, Apt. #, etc. 204 |

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| City & State MIAMI LAKES, FL | City & State MIAMI LAKES, FL |
| Zip 33016 | Country Dade |
| Country Dade | Zip 33016 |

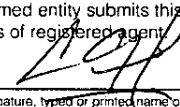
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|---|--|
| 4. FEI Number 03-0464153 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |



MOORE CR2E034 (11/03)

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|--|--|---|--|
| 6. Name and Address of Current Registered Agent DE GONGORA, LUIS 15165 NW 77TH AVE STE 1004 MIAMI LAKES FL 33014 | | 7. Name and Address of New Registered Agent Name: LUIS DE GONGORA Street Address (P.O. Box Number is Not Acceptable) 7735 NW 146 ST SUITE 204 City MIAMI LAKES FL Zip Code 33016 | |
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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 **2-20-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVTS DE GONGORA, LUIS 7800 NW 161ST TERR MIAMI LAKES FL 33016 <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 | D DE GONGORA, LUIS 7800 NW 161ST TERR MIAMI LAKES FL 33016 <input type="checkbox"/> Delete | 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"/> Delete | 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 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 an other like empowered.

SIGNATURE:  DATE **2-20-04** DAYTIME PHONE # **305-362-3370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR