
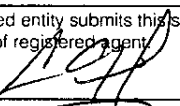
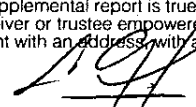


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-26-2004 90014 039 ***150.00

DOCUMENT # P02000054877 1. Entity Name INVESTMENT NETWORK CENTER, INC.			
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	
2. Principal Place of Business 7735 NW 146 ST		3. Mailing Address 7735 NW 146 ST	
Suite, Apt. #, etc. 204		Suite, Apt. #, etc. 204	
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL	
Zip 33016		Country DADE	
Zip 33016		Country DADE	
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	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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			