

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000064698

FILED
Feb 02, 2005
Secretary of State

Entity Name: ARTEAGA & ASSOCIATES INVESTMENT GROUP, INC.

Current Principal Place of Business:

259 NORTHEAST 116TH STREET
MIAMI, FL 33161

New Principal Place of Business:

451 LAKE TREE DRIVE
WESTON, FL 33326

Current Mailing Address:

259 NORTHEAST 116TH STREET
MIAMI, FL 33161

New Mailing Address:

1426 TOWNE LAKE PKWY
SUITE 102356
WOODSTOCK, GA 30189

FEI Number: 13-4217988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARTEAGA, OLFRAN
259 NORTHEAST 116TH STREET
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

ARTEAGA, OLFRAN
1426 TOWNE LAKE PKWY
SUITE 102356
WOODSTOCK, FL 30189 US

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.

SIGNATURE: OLFRAN ARTEAGA

02/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARTEAGA, OLFRAN
Address: 259 NORTHEAST 116TH STREET
City-St-Zip: MIAMI, FL 33161

Title: VD () Delete
Name: ARTEAGA, JUAN F
Address: 9877 PINES BOULEVARD
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ARTEAGA, OLFRAN
Address: 451 LAKE TREE DRIVE
City-St-Zip: WESTON, FL 33326

Title: VP (X) Change () Addition
Name: ARTEAGA, JUAN F
Address: 9877 PINES BOULEVARD
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLFRAN ARTEAGA

PRES

02/02/2005

Electronic Signature of Signing Officer or Director

Date