
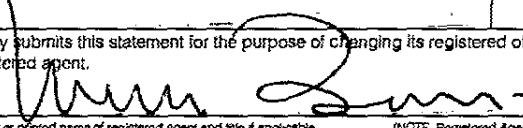
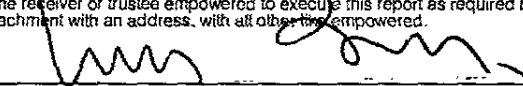


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # P02000083361</b>   |  |    |
| 1. Entity Name<br><b>INVESTMENT OF SOUTH FLORIDA, CORP.</b>  |  |   |
| Principal Place of Business<br><b>8340 N.W. 177TH STREET<br/>MIAMI, FL 33015</b>   | Mailing Address<br><b>8340 N.W. 177TH STREET<br/>MIAMI, FL 33015</b> |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>BENITEZ, MICHAEL<br/>3811 SW 160 AVE.<br/>SUITE 203<br/>MIAMI, FL 33027</b>  |  |   |
| 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.<br><br>SIGNATURE  DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>BOYAJIAN, VICTOR<br>8340 N.W. 177TH STREET<br>MIAMI, FL 33015  | <b>U00000149234<br/>05/03/04-80175-015 150.00</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>BENITEZ, MICHAEL<br>3811 SW 160TH AVE<br>MIAMI, FL 33027       |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| 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 persons empowered. |  |   |
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |