



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000098319						
1. Entity Name CSI FINANCIAL INVESTMENTS COMPANY, INC.						
Principal Place of Business 6910 BARQUERA ST CORAL GABLES, FL 33146	Mailing Address 6910 BARQUERA ST CORAL GABLES, FL 33146	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">04 OCT -4 AM 10:05</div> <div style="font-size: 0.8em; margin-bottom: 10px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: left; margin-bottom: 10px;"></div> <div style="font-size: 0.8em; margin-bottom: 10px;">09292004 No Chg-P CR2E034 (10/03)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; padding: 2px;">4. FEI Number 82-0571303</td><td style="width: 20%; padding: 2px;">Applied For</td></tr><tr><td></td><td style="padding: 2px;">Not Applicable</td></tr></table> <div style="font-size: 0.8em; margin-bottom: 10px;">5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required</div>	4. FEI Number 82-0571303	Applied For		Not Applicable
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	Not Applicable					
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent						
LOUMIET, CARLOS C/O HUNTON & WILLIAMS 1111 BRICKELL AVE STE 2500 MIAMI, FL 33131		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>						
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	<div style="font-size: 1.2em; margin-bottom: 10px;">600041637666</div> <div style="font-size: 1.2em; margin-bottom: 10px;">10/06/04--01024--012 **558.75</div> <div style="font-size: 1.5em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>				
10. OFFICERS AND DIRECTORS						
TITLE	D	DO NOT WRITE IN THIS SPACE				
NAME	VEGA, JUAN					
STREET ADDRESS	6910 BARQUERA ST					
CITY - ST - ZIP	CORAL GABLES, FL 33146					
TITLE						
NAME						
STREET ADDRESS		DO NOT WRITE IN THIS SPACE				
CITY - ST - ZIP						
TITLE						
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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 all other like empowered.						
SIGNATURE: <u>Juan A. Vega Director</u> <u>9/8/04</u> <u>305-773-2856</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						