2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90189 004 ***150.00

DOCUMENT # P02000104104

1. Entity Name
AMBROSIA INVESTMENTS, INC.

Principal Place of Business
~~11900 BISCAYNE BOULEVARD~~
~~SUITE 290~~
~~NORTH MIAMI, FL~~ 33181

Mailing Address
PO BOX 551061
FORT LAUDERDALE, FL 33355-1061

01092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. Box 551061	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State
Zip: 33355-1061 Country: USA	Zip Country

4. FEI Number 11-3654237 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROSSE, EDDY B
~~11900 BISCAYNE BOULEVARD~~
~~SUITE 290~~
~~NORTH MIAMI, FL 33181~~

7. Name and Address of New Registered Agent

Name: EDDY B. Grosse
Street Address (P.O. Box Number is Not Acceptable): 444 S.W. 8th Street, Suite C
City: Ocala FL Zip Code: 34474

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: [signature] EDDY B. Grosse DATE: 4/24/04

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P GROSSE, EDDY B 11900 BISCAYNE BOULEVARD, SUITE 290 NORTH MIAMI, FL 33181 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O. Box 551061 Ft. Lauderdale, FL 33355-1061
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MARTINO, DEBORAH A 11900 BISCAYNE BOULEVARD, SUITE 290 NORTH MIAMI, FL 33181 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

SIGNATURE: [signature] EDDY B. Grosse 4/24/04 954-424-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #