


APR. 4. 2005 8:50PM CORPORATIONS
**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

No. 142 P. 1/2

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000114014

1. Entity Name
SET - APART INVESTMENTS CORP.



Principal Place of Business PO BOX 440006 ODETTA BENITEZ MIAMI, FL 33144	Mailing Address PO BOX 440006 ODETTA BENITEZ MIAMI, FL 33144
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04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number 16-1639994	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENITEZ, ODETTA
 75 DEER RUN
 MIAMI, FL 33166**

**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 _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing) DATE


FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST BENITEZ, ODETTA M PO BOX 440006 MIAMI, FL 33144
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 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 lists empowered.

SIGNATURE:  **4/4/05 (786) 357-7190**

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