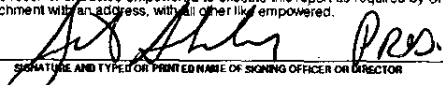


Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 13 PM 1:02

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000115861			
1. Entity Name BIG "A" INVESTMENT CORP.			
Principal Place of Business 1380 HOMESTEAD RD N LEHIGH ACRES, FL 33936		Mailing Address 1380 HOMESTEAD RD N LEHIGH ACRES, FL 33936	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 01-0757392	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALMODOVAR, JUSTO 1901 SAVONA PKWY CAPE CORAL, FL 33904		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when registering)			
DATE _____			
FILE NOW!!! FEE IS \$160.00 After May 15, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	VP	☒ Delete	
NAME	GAWLE, BETTY J		
STREET ADDRESS	105 39 ST GREENS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33972		
TITLE	P	☐ Delete	
NAME	ALMODOVAR, JUSTO		
STREET ADDRESS	1901 SAVONA PKWY		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
☐ Change ☐ Addition			
900024652939			
11/13/03--01080--001 **61.25			
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:  PRO. 11-12-03 239-850-1276			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

OR2E034 (10/02)