## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Sep 03, 2004 8:00 am Secretary of State **DOCUMENT # P02000124436** 09-03-2004 90004 016 \*\*\*150.00 1. Entity Name PROBIZ INVESTMENTS, INC. Principal Place of Business Mailing Address 24083435 72 NW 162ND STREET 72 NW 162ND STREET N MIAMI, FL 33169 N MIAMI, FL 33169 08302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FELNumber Applied For 64-1160463 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PB&A FINANCIAL SERVICES, CORP. DO NOT WRITE 13935 NW 1ST AVENUE MIAMI, FL 33168 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Due by September 8, 2004 Added to Fees OFFICERS AND DIRECTORS 10. TITLE DULCIO, WILDIEU NAME 72 NW 162ND STREET STREET ADDRESS N MIAMI, FL 33169 CITY-ST-ZIP TITLE DULCIO, GINETTE MAME 72 NW 162ND STREET STREET ADDRESS CITY-ST-ZIP N MIAMI, FL 33169 TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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.

NAME STREET ADDRESS CITY-ST-ZIP