

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90278 049 ***150.00

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DOCUMENT # P02000129706	
1. Entity Name TOMAS & SIMON INVESTMENTS INC.	



Principal Place of Business 5101 COLLINS AVENUE SUITE 3J MIAMI BEACH, FL 33140	Mailing Address 5101 COLLINS AVENUE SUITE 3J MIAMI BEACH, FL 33140
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2. Principal Place of Business 1185 98 Street	3. Mailing Address 1185 98 Street
Suite, Apt. #, etc. Bay Harbour Island	Suite, Apt. #, etc. Bay Harbour Island
City & State Miami, FL	City & State Miami, FL
Zip 33154	Country USA

03242004 Chg-P CR2E034 (10/03)

4. FEI Number 42-1563327	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 BEDOYA, LILIANA M 5101 COLLINS AVENUE SUITE 3J MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name: Bedoya, Liliانا M Street Address (P.O. Box Number is Not Acceptable): 1185 98 Street Bay Harbour Island City: Miami FL Zip Code: 33154	
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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: Liliana M. Bedoya DATE: 04-26-04

Signature based 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEDOYA, LILIANA M 5101 COLLINS AVENUE SUITE 3J MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bedoya, Liliانا M 1185 98 Street Bay Harbour Island Miami, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Serna, Juan D 5101 COLLINS AVENUE SUITE 3J MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Serna, Juan D 1185 98 Street Bay Harbour Island Miami, FL 33154 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Liliana M. Bedoya DATE: 305-865-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR