

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90192 001 \*\*\*150.00  
05-03-2005 90192 002 \*\*\*\*\*8.75

**DOCUMENT # P02000129706**

1. Entity Name  
**TOMAS & SIMON INVESTMENTS INC.**



Principal Place of Business  
**1185 98 STREET #8  
MIAMI BEACH, FL 33154**

Mailing Address  
**1185 98 STREET  
MIAMI BEACH, FL 33154**



03312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**42-1563327**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BEDOYA, LILIANA M  
1185 98 STREET BAY AHRBOUR ISLAND  
MIAMI BEACH, FL 33154**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BEDOYA, LILIANA M  
STREET ADDRESS 1185 98 STREET BAY HARBOUR ISLAND Suite #8  
CITY-ST-ZIP MIAMI BEACH, FL 33154

TITLE TS  
NAME SERNA, JUAN D  
STREET ADDRESS 1185 98 STREET BAY HARBOUR ISLAND SUITE #8  
CITY-ST-ZIP MIAMI BEACH, FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(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* **LILIANA M. BEDOYA**

**04-25-05 (305)865210**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

66014879

ATTACHMENT

# P0200129706

Please

The correct address is:

1185 98 street suite 8

Bay Harbor Island, FL, 33154

Thank you!!!