


**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

24002573

<b>DOCUMENT # P03000005898</b>				01-20-2004 90071 028 ***150.00	
1. Entity Name <b>P.M. INVESTORS, INC.</b>					
Principal Place of Business <b>4363 MELALEUCA LANE LAKE WORTH, FL 33461</b>		Mailing Address <b>4363 MELALEUCA LANE LAKE WORTH, FL 33461</b>			
2. Principal Place of Business		3. Mailing Address		<b>24002573</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number <b>571165263</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent <b>RODRIGUEZ, ORLANDO 4363 MELALEUCA LANE LAKE WORTH, FL 33461</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ORLANDO		NAME		
STREET ADDRESS	4363 MELALEUCA LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, DIEGO		NAME		
STREET ADDRESS	1000 TENTH AVENUE SOUTH UNIT 1		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, LUZ		NAME		
STREET ADDRESS	1000 TENTH AVENUE SOUTH UNIT 1		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33461		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		ORLANDO RODRIGUEZ		01-1504	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	