

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 14, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000005898	
1. Entity Name P.M. INVESTORS, INC.	

Principal Place of Business 4363 MELALEUCA LANE LAKE WORTH, FL 33461	Mailing Address 4363 MELALEUCA LANE LAKE WORTH, FL 33461
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 57-1165263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ORLANDO
4363 MELALEUCA LANE
LAKE WORTH, FL 33461

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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 _____ DATE _____
Signature, typed 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, 2005 Fee will be \$550.00**

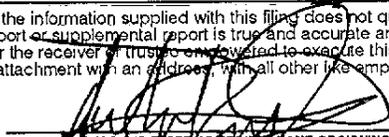
9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, ORLANDO 4363 MELALEUCA LANE LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, DIEGO 1000 TENTH AVENUE SOUTH UNIT 1 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RODRIGUEZ, LUZ 1000 TENTH AVENUE SOUTH UNIT 1 LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/14/05-80009-024 150.00

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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 or 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:  01-11-05 581-6025072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #