


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90003 014 ***150.00

DOCUMENT # P03000007066					
1. Entity Name AMERICA'S # 1 INVESTMENT, INC.					
Principal Place of Business 8065 W. 16TH AVE. HIALEAH, FL 33014			Mailing Address 8065 W. 16TH AVE. HIALEAH, FL 33014		
2. Principal Place of Business 1541 N.W. 118 AVE. Suite, Apt. #, etc.			3. Mailing Address P.O. Box 160665 Suite, Apt. #, etc.		
City & State PEMBROKE PINES, FL.			City & State HIALEAH, FL.		
Zip 33026		Country		4. FEI Number 72-1545655	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VAZQUEZ, MARIA D. 8065 W. 16TH AVE. HIALEAH, FL 33014				7. Name and Address of New Registered Agent Name <u>VAZQUEZ, MARIA D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1541 N.W. 118 AVE.</u> City <u>PEMBROKE PINES</u> FL <u>33026</u>	
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 <u>Cecilia P. Vazquez</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! - FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <u>PS</u> NAME <u>VAZQUEZ, MARIA D.</u> STREET ADDRESS <u>8065 W. 16TH AVE.</u> CITY-ST-ZIP <u>HIALEAH, FL 33014</u> <input type="checkbox"/> Delete			TITLE <u>PS</u> NAME <u>VAZQUEZ, MARIA D.</u> STREET ADDRESS <u>1541 N.W. 118 AVE.</u> CITY-ST-ZIP <u>PEMBROKE PINES, FL. 33026</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 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: <u>Cecilia P. Vazquez</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

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