FILED
May 27, 2004 8:00 am
Secretary of State
04-30-2004 90369 019 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

66424495

04232004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000016400

1. Entity Name
TDV INVESTMENTS, CORP.

Principal Place of Business
15794 NW 24 ST
PEMBROKE PINES, FL 33028

Mailing Address
9900 STIRLING RD, STE 211
COOPER CITY, FL 33024

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
15794 NW 24 St
Suite, Apt. #, etc.
City & State Pembroke Pines FL
Zip 33028
Country U.S.A.

4. FEI Number 81-0595785 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SILVA, FERNANDO
9900 STIRLING RD, STE 211
COOPER CITY, FL 33024

7. Name and Address of New Registered Agent
Name ADALBERTO LOPEZ
Street Address (P.O. Box Number is Not Acceptable) 10871 NW 4th Dr.
City Coral Springs FL Zip Code 33071

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 ADALBERTO LOPEZ 4/24/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TOLEDO, CRISTINA	NAME	
STREET ADDRESS	15794 NW 24 ST	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TOLEDO, ALVARO	NAME	
STREET ADDRESS	15794 NW 24 ST	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VARGAS, LUCIA	NAME	
STREET ADDRESS	15794 NW 24 ST	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 all other like empowered.

SIGNATURE: 05.17-04 9549217405 19542982735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #