

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016426

FILED
Apr 30, 2005
Secretary of State

Entity Name: CAPITAL ONE INVESTMENTS, CORP.

Current Principal Place of Business:

16850 COLLINS AVENUE #112-288
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

16850 COLLINS AVENUE #112-288
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 57-1181645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEVIA, GERARDO
16850 COLLINS AVENUE #112-288
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HEVIA, GERARDO
Address: 16850 COLLINS AVENUE #112-288
City-St-Zip: SUNNY ISLES, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: ROCHA, FERNANDO N
Address: 16850 COLLINS AVENUE #112-288
City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERNANDO N ROCHA

DIRE

04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date