


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2004 8:00 am
Secretary of State

04-30-2004 90400 029 ***150.00

DOCUMENT # P03000018770	
1. Entity Name ROSS & ASSOCIATES INVESTMENT, INC.	

Principal Place of Business 7760 NW 32 STREET MIAMI FL 33122	Mailing Address 7760 NW 32 STREET MIAMI FL 33122
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66425923

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent	
ROSS, JULIO A. 7760 NW 32 STREET MIAMI FL 33122	

4. FEI Number 06-1687354	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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  **DATE** 3/9/04
Signature type: Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW IN FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE CHANGE ADDRESS ONLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSS, JULIO A		NAME	
STREET ADDRESS 9975 SW 2 TERRACE		STREET ADDRESS 12118 SW 72 TERRACE	
CITY-ST-ZIP MIAMI FL 33174		CITY-ST-ZIP MIAMI FLORIDA 33183	
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORALES, URIEL J		NAME	
STREET ADDRESS 907 NW 106 AVE CIRC		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33122		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSS, JAVIER		NAME	
STREET ADDRESS 10608 NW 54 STREET		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33178		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:  **JULIO A. ROSS** **DATE** 3/9/04 **DAYTIME PHONE #** 305-591-2321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR