

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90323 001 ***150.00

DOCUMENT # P03000019676

1. Entity Name
3D INVESTMENT GROUP, INC.



Principal Place of Business

**19249 SW 24 ST.
MIRAMAR, FL 33029**

Mailing Address

**19249 SW 24 ST.
MIRAMAR, FL 33029**

30037600



2. Principal Place of Business

19326 NW 24th Place

3. Mailing Address

19326 NW 24th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03192005

Chg-P

CR2E034 (10/03)

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

APPLIED FOR 20-0232500

Applied For

Not Applicable

Zip

33029

Country

USA

Zip

33029

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OLIVA, ARIEL
19249 SW 24 ST.
MIRAMAR, FL 33029**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

19326 NW 24th Place

City

Pembroke Pines,

FL

Zip Code

33029

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **PD** ☐ Delete
NAME **OLIVA, ARIEL**
STREET ADDRESS **19249 SW 24 ST.**
CITY - ST - ZIP **MIRAMAR, FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **19326 NW. 24th Place**
CITY - ST - ZIP **Pembroke Pines, FL 33029**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ariel M. Oliva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ariel M. Oliva, Pres.

Date

Daytime Phone #

4-13-05 / 786-229-7844