2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000020675

1. Entity Name
A I P INVESTMENT INC.

Principal Place of Business	Mailing Address
7877 NW 165 TERR MIAMI, FL 33016	7877 NW 165 TERR MIAMI, FL 33016

02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0047175
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOMIS, AMARILIS
7877 NW 165 TERR
MIAMI, FL 33016

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	HERNANDEZ, PEDRO R
STREET ADDRESS	7835 NW 166 TERR
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	D
NAME	GOMIS, IVO SR
STREET ADDRESS	7877 NW 165 TERR
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	D
NAME	GOMIS, AMARILIS
STREET ADDRESS	7877 NW 165 TERR
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	D
NAME	HERNANDEZ, IVETT
STREET ADDRESS	7869 NW 165 TERR
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	D
NAME	GOMIS, IVO JR
STREET ADDRESS	3531 SW 99 CT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000224295
02/10/05-80078-015 158.75

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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: _____ 2-8-05 305 888 7709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #