


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90412 042 \*\*\*150.00

<b>DOCUMENT # P03000023343</b>		
1. Entity Name <b>AEME INVESTMENT, INC.</b>		

Principal Place of Business <b>C/O PARLADE &amp; FIGUERAS 7050 SW 86 AVE MIAMI, FL 33143</b>	Mailing Address <b>C/O PARLADE &amp; FIGUERAS 7050 SW 86 AVE MIAMI, FL 33143</b>
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2. Principal Place of Business <b>2875 NE 191ST STREET</b>		3. Mailing Address <b>2875 NE 191ST STREET</b>	
Suite, Apt. #, etc. <b>300</b>		Suite, Apt. #, etc. <b>300</b>	
City & State <b>AVENTURA FL</b>	City & State <b>AVENTURA FL</b>		
Zip <b>33180</b>	Country <b>US</b>	Zip <b>33180</b>	Country <b>US</b>



02242005 Chg-P CR2E034 (10/03)

4. FEI Number <b>NOT APPLICABLE 47-0947498</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>PARLADE, ALBERTO J 7050 SW 86TH AVE MIAMI, FL 33143</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS PISCICELLI, EDGARDO V 7050 SW 86 AVE MIAMI, FL 33143</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS PISCICELLI, EDGARDO V 2875 NE 191ST STREET STE 300 AVENTURA, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PISCICELLI, EDGARDO A 7050 SW 86 AVE MIAMI, FL 33143</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PISCICELLI, EDGARDO A 2875 NE 191ST STREET STE 300 AVENTURA, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT SANCHEZ, MIRTA E 7050 SW 86 AVE MIAMI, FL 33143</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVT SANCHEZ, MIRTA E 2875 NE 191ST STREET STE 300 AVENTURA, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PISCICELLI, ANDREA L 7050 SW 86 AVE MIAMI, FL 33143</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PISCICELLI, ANDREA L. 2875 NE 191ST STREET STE 300 AVENTURA, FL 33180</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/29/05 (305) 935-6955**

Date

Daytime Phone #