
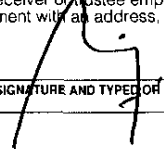


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90047 034 ***150.00

DOCUMENT # P03000035560 1. Entity Name URU INVESTMENTS, INC.			
Principal Place of Business C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021		Mailing Address C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021	
2. Principal Place of Business 18851 NE 29th AVE Suite, Apt. #, etc. 900		3. Mailing Address 18851 NE 29th AVE Suite, Apt. #, etc. 900	
City & State Aventura, FL Zip 33180 Country US		City & State Aventura, FL Zip 33180 Country US	
4. FEI Number 41-2091868		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01272004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ROTH, LEONARDO A C/O ROTH, ROUSSO & DARRACH, P.A. 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD FINKELBERG, ROBERTO 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MENACE, VICTOR 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ACHER, JAIME 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KONIG, JOEL 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:  ROBERTO FINKELBERG		02/25/04 786-279-0021 Date Daytime Phone #	