

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90290 027 \*\*\*150.00

**DOCUMENT # P03000047339**

1. Entity Name  
**ROUND HILLS INVESTMENTS INC.**



Principal Place of Business  
**825 BRICKELL BAY DRIVE UNIT 751  
MIAMI, FL 33131**

Mailing Address  
**825 BRICKELL BAY DRIVE UNIT 751  
MIAMI, FL 33131**

**50050724**



2. Principal Place of Business  
**540 Brickell Key Drive  
1604**  
Suite, Apt. #, etc.

3. Mailing Address  
**540 Brickell Key Dr.  
1604**  
Suite, Apt. #, etc.

04262005 Chg-P CR2E034 (10/03)

City & State  
**Miami Florida**

City & State  
**Miami, Florida**

4. FEI Number  
**35-2207072**

Applied For  
Not Applicable

Zip  
**33131**

Country  
**U.S.**

Zip  
**33131**

Country  
**U.S.**

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

**6. Name and Address of Current Registered Agent**

**SOSA, RAYMOND L  
825 BRICKELL BAY DRIVE UNIT 751  
MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**540 Brickell Key Dr #1**  
**1604**  
City **Miami** FL Zip Code **33131**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SOSA, RAYMOND L  
825 BRICKELL BAY DRIVE UNIT 751  
MIAMI, FL 33131** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**540 Brickell Key Dr. 1604  
Miami, FL 33131**

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

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

**4/29/05 305 371-6174**  
Date Daytime Phone #