## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2005 8:00 am Secretary of State 03-10-2005 90141 020 \*\*\*158.75

DOCUMENT # P03000055506  1. Entity Name TWO BY FOUR INVESTMENTS, INC.						90141 020 ***15	
Principal Place 2828 CORAL SUITE 208 MIAMI, FL 3:	WAY	168 25 1	st Stee	: <sub>e</sub>			
Swite, Apt. こうり	## 600	Suite Apt. #, etd.	600	01072005	Chg-P	CR2E034 (10/03)	
City & State	MI- FL	City & State	~ FL	4. FEI Number 02-0693	121		plied For t Applicable
32131	Country	32131	Country D	5. Certificate o	f Status Desired	\$8.75 Add Fee Required	itional d
	6. Name and Address of Current I	Registered Agent	Name	7. Name and A	ddress of New Re		
ROMAN, NORBERTO M PRES  Street produces (P.2-50-Mumber in No. 1-ceptable) and the ceptable							0.6-5
SUITE 208	<del>-</del>	DE 1= STUEET					
M <del>IAMI, FL</del>	<del>-33145 -</del>		City C	UITE D	00	FL ネグヴ	ອເ
	named entity submits this statement to	purpose of changing its r	M	gistered agent, or both	, in the State of Flor		and accept
the obligations of registered agent.							
SIGNATURE  Signature, typed or printed name of regulated agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$1/50.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10.	OFFICERS AND	T	11. 0.	ADDITIONS/C	HANGES TO OFFIC	CERS AND DIRECTORS	
NAME STREET ADDRESS CITY-ST-ZIP	PTD ROMAN, NORBERTO 2828 CORAL WAY, SUITE 208 MIAMI, FL 33145	☐ Delete	STREET ADDRESS	0MON, NOO 68 SE 15	rberto El stofe Fl 331	H-Suite	Addition 600
TITLE	VSD CANCHEZ SERGIO	☐ Delete	TITLE <b>V</b>	SÒ	SERGIO	Change	Addition
NAME STREET ADDRESS	SANCHEZ, SERGIO 1818 CORAL WAY, SUITE 208		STREET ADDRESS	Anchez,	1 & 2+	reet Su	ite ba
CITY-ST-ZIP	MIAMI, FL 33145	☐ Delete	CITY-ST-ZIP TITLE	MOMI-	<del>(L 33)</del>	Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS CFTY-ST-ZIP				
CITY-ST-ZIP TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME Street address				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS		//	STREET ADDRESS				
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 in	nformation
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 type 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, July Lyother like empowered.							