


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 15, 2004 8:00 am
Secretary of State

05-05-2004 90212 011 ***550.00

DOCUMENT # P03000068183

1. Entity Name
ELLEN & EDDY INVESTMENT CORP.



Principal Place of Business 6388 SW 22 ST MIAMI FL 33155	Mailing Address 6388 SW 22 ST MIAMI FL 33155
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country

4. FEI Number **43-2019526** Applied For
 Not Applicable

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

66428256



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent ARCIA, EDUARDO 6388 SW 22 ST MIAMI FL 33155	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ 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, 2004 Fee will be \$550.00
 Make Check Payable to Florida Department of State

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 D ARCIA, EDUADRO 6388 SW 22 ST MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME ARCIA EDUARDO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME ARCIA, MIRIANO 6388 SW 22 ST MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME ARCIA MYRIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: + *Eduardo Arcia* + April 12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Attachment

~~WH2825P~~
P0300068183

A.C. MENDOLIA CONST. INC.

8100 RIVER POINTE CT

ST. AUG. FL. 32092

REFERENCE #: P03000156325

LINE# 4 NOT FILLED IN.
CORRECTED & RETURNED.

[Signature]

6/4/04