

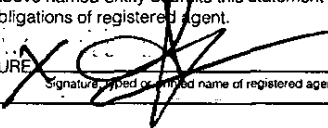
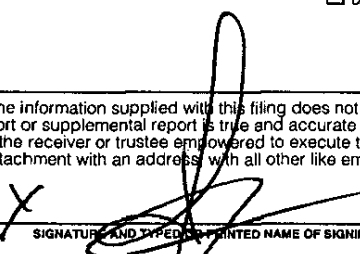


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90043 043 ***150.00

DOCUMENT # P03000077106					
1. Entity Name MY FATHER'S INVESTMENTS, INC.					
Principal Place of Business 921 N MAIN STREET SUITE 203 KISSIMMEE, FL 34744			Mailing Address 921 N MAIN STREET SUITE 203 KISSIMMEE, FL 34744		
2. Principal Place of Business 1107 PRAIRIE HAWK DRIVE Suite, Apt. #, etc.		3. Mailing Address 11075 PRAIRIE HAWK DR. Suite, Apt. #, etc.			
City & State ORLANDO		City & State ORLANDO, FLORIDA		4. FEI Number 69-1196861	
Zip 32837		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, OSWALDO 921 N MAIN STREET SUITE 203 KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name: OSWALDO PEREZ Street Address (P.O. Box Number is Not Acceptable): 11075 PRAIRIE HAWK DRIVE City: ORLANDO FL Zip Code: 32837		
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: 3/10/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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 DPT NAME PEREZ, OSWALDO STREET ADDRESS 921 N MAIN STREET SUITE 203 CITY - ST - ZIP KISSIMMEE, FL 34744	<input type="checkbox"/> Delete		TITLE (CP) NAME ANABEL RODRIGUEZ STREET ADDRESS 11075 PRAIRIE HAWK DRIVE CITY - ST - ZIP ORLANDO, FLORIDA 32837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VS NAME CABELLO, MARCOS STREET ADDRESS 921 N MAIN STREET SUITE 203 CITY - ST - ZIP KISSIMMEE, FL 34744	<input checked="" type="checkbox"/> Delete		TITLE (CP) NAME ANABEL RODRIGUEZ STREET ADDRESS 11075 PRAIRIE HAWK DRIVE CITY - ST - ZIP ORLANDO, FLORIDA 32837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE (CP) NAME ANABEL RODRIGUEZ STREET ADDRESS 11075 PRAIRIE HAWK DRIVE CITY - ST - ZIP ORLANDO, FLORIDA 32837	<input type="checkbox"/> Delete		TITLE (CP) NAME ANABEL RODRIGUEZ STREET ADDRESS 11075 PRAIRIE HAWK DRIVE CITY - ST - ZIP ORLANDO, FLORIDA 32837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE (CP) NAME ANABEL RODRIGUEZ STREET ADDRESS 11075 PRAIRIE HAWK DRIVE CITY - ST - ZIP ORLANDO, FLORIDA 32837	<input type="checkbox"/> Delete		TITLE (CP) NAME ANABEL RODRIGUEZ STREET ADDRESS 11075 PRAIRIE HAWK DRIVE CITY - ST - ZIP ORLANDO, FLORIDA 32837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE (CP) NAME ANABEL RODRIGUEZ STREET ADDRESS 11075 PRAIRIE HAWK DRIVE CITY - ST - ZIP ORLANDO, FLORIDA 32837	<input type="checkbox"/> Delete		TITLE (CP) NAME ANABEL RODRIGUEZ STREET ADDRESS 11075 PRAIRIE HAWK DRIVE CITY - ST - ZIP ORLANDO, FLORIDA 32837	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE (CP) NAME ANABEL RODRIGUEZ STREET ADDRESS 11075 PRAIRIE HAWK DRIVE CITY - ST - ZIP ORLANDO, FLORIDA 32837	<input type="checkbox"/> Delete		TITLE (CP) NAME ANABEL RODRIGUEZ STREET ADDRESS 11075 PRAIRIE HAWK DRIVE CITY - ST - ZIP ORLANDO, FLORIDA 32837	<input type="checkbox"/> Change <input checked="" 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: 			DATE: 3/10/04 DAYTIME PHONE: 407-427-0849		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					