2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000079581

1. Entity Name
SQWEEZE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
943 NE 24TH AVE. POMPANO BCH, FL 33062	943 NE 24TH AVE. POMPANO BCH, FL 33062

DO NOT WRITE IN THIS SPACE

04122005	No Chg-P	CR2E034 (10/03)

4. FEI Number	Applied For
51-0477901	Not Applicable

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

6. Name and Address of Current Registered Agent

VACA, VICTOR V II
943 NE 24TH AVE.
POMPANO BCH, FL 33062

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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 _____

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	PSTD
NAME	VACA, VICTOR H II
STREET ADDRESS	943 NE 24TH AVE.
CITY-ST-ZIP	POMPANO BCH, FL 33062

TITLE	VD
NAME	VACA, VALLERIE
STREET ADDRESS	943 NE 24TH AVE.
CITY-ST-ZIP	POMPANO BCH, FL 33062

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #