
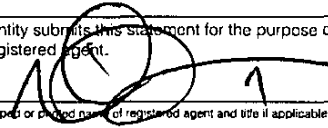
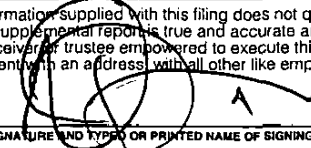


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90053 045 ***150.00

| | | | | | |
|--|--|---|---|--|--|
| DOCUMENT # P03000093233 1. Entity Name P AND P INVESTMENTS INC | | | |  | |
| Principal Place of Business 633 NE 167 ST STE 318 N MIAMI BCH, FL 33162 | | | | Mailing Address 633 NE 167 ST STE 318 N MIAMI BCH, FL 33162 | |
| 2. Principal Place of Business 4960 N. DIXIE HIGHWAY | | 3. Mailing Address 18137 S. W. 24 STREET | | | |
| Suite, Apt. #, etc. OAKLAND PARK, FL | | Suite, Apt. #, etc. MIRAMAR, FL | | | |
| City & State OAKLAND PARK, FL | | City & State MIRAMAR, FL | | 4. FEI Number 20-0953609 | |
| Zip 33362 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent REID, PATRICK REID AND ASSOCIATES 633 NE 167 ST #318 N MIAMI BCH, FL 33162 | | | | 7. Name and Address of New Registered Agent Name ANTONIA BENNETT Street Address (P.O. Box Number is Not Acceptable) 18137 S. W. 24 STREET City MIRAMAR FL Zip Code 33029 | |
| 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:  (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BENNETT, ANTONIA 633 NE 167 ST STE 318 N MIAMI BCH, FL 33162 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18137 S.W. 24 STREET MIRAMAR, FL 33029 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |