2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 07, 2005 08:00 AM Secretary of State

DOCUMENT # P03000093456 1. Entily Name 929 PHOENIX INVESTMENTS, INC.			Secreta	ary of State
4394 W WHITEWATER AVE 35	ling Address 4 SEVILLA AVE RAL GABLES, FL 33134	,		
DO NOT WRITE IN	I THIS SPAC	CE		034 (10/03) Applied For Not Applicable
			5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Register SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	red Agent		DO NOT WRITE	
8. The above named entity Submills 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, yield or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature regulared when renstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution		.00 May Be ed to Fees	
10. OFFICERS AND DIRECT	ORS	A transference	· · · · · · ·	· · · · · · · · · · · · · · · · · · ·
TITLE PD NAME GUERRERO, LUIS A STREET ADDRESS 4394 W WHITEWATER AVE CITY-ST-ZP WESTON, FL 33332	<u>.</u>			
ITILE VDT NAME BLANCO-FOMBONA, MAITE STREET ADDRESS 4394 W WHITEWATER AVE CITY-S1-ZP WESTON, FL 33332				are e
TITLE SD THORTON, MYRIAM _ STREET ADDRESS 4394 W WHITEWATER AVE WESTON, FL 33332		Service Control of the Control of th	DO NOT WRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	E
l mie			MARY International Control of the Co	

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luis GUERRERO PRES.

954 384-95 76