


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90248 010 ***150.00

DOCUMENT # P03000093494					
1. Entity Name INVESTEX FIRE RESTORATION CONSULTANT, INC.					
Principal Place of Business 216 E. CAMINO REAL BOCA RATON, FL 33432			Mailing Address 216 E. CAMINO REAL BOCA RATON, FL 33432		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 02-0705207	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent	
Name				GARY D STERN	
Street Address (P.O. Box Number is Not Acceptable)				216 E CAMINO REAL	
City				BOCA RATON FL	
Zip Code				33432	
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 4/27/04					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STERN, GARY D	216 E. CAMINO REAL		NAME	5856 WINDRIFF LANE	
STREET ADDRESS 216 E. CAMINO REAL	BOCA RATON, FL 33432		STREET ADDRESS	BOCA RATON, FL 33433	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	BOCA RATON, FL 33433	
TITLE DVPS	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DIPRIMA, KENNETH	216 E. CAMINO REAL		NAME	BOCA RATON, FL 33432	
STREET ADDRESS 216 E. CAMINO REAL	BOCA RATON, FL 33432		STREET ADDRESS	BOCA RATON, FL 33432	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOCA RATON, FL 33432		NAME	BOCA RATON, FL 33432	
STREET ADDRESS	BOCA RATON, FL 33432		STREET ADDRESS	BOCA RATON, FL 33432	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOCA RATON, FL 33432		NAME	BOCA RATON, FL 33432	
STREET ADDRESS	BOCA RATON, FL 33432		STREET ADDRESS	BOCA RATON, FL 33432	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOCA RATON, FL 33432		NAME	BOCA RATON, FL 33432	
STREET ADDRESS	BOCA RATON, FL 33432		STREET ADDRESS	BOCA RATON, FL 33432	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	BOCA RATON, FL 33432	
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 4/27/04 Daytime Phone # 5613917619					