

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Sep 08, 2004 8:00 am
Secretary of State

06-21-2004 90005 002 ***150.00

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08162004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000122403					
1. Entity Name INVESTMENTS 2258, INC.					
Principal Place of Business 320 S FLAMINGO RD PEMBROKE PINES, FL 33027			Mailing Address 320 S FLAMINGO RD PEMBROKE PINES, FL 33027		
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 30-1563393	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
IDEN, BRUCE F MILLEDGE & IDEN 3240 CORPORATE WAY MIRAMAR, FL 33025			Name FELIPE D. DIEZ		
			Street Address (P.O. Box Number is Not Acceptable)		
			320 S. FLAMINGO RD		
			City PEMBROKE PINES		FL 33027
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: <i>Felipe D. Diez</i>		SIGNATURE: <i>Felipe D. Diez</i>		DATE: <i>6/11/2004</i>	
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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AZUAJE, MANUEL	NAME			
STREET ADDRESS	320 S FLAMINGO RD	STREET ADDRESS			
CITY-STATE-ZIP	PEMBROKE PINES, FL 33027	CITY-STATE-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARRETO, AMARILIS	NAME			
STREET ADDRESS	320 S FLAMINGO RD	STREET ADDRESS			
CITY-STATE-ZIP	PEMBROKE PINES, FL 33027	CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
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: <i>MANUEL AZUAJE / AMARILIS BARRETO</i>		SIGNATURE: <i>MANUEL AZUAJE / AMARILIS BARRETO</i>		DATE: <i>6/14/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	