

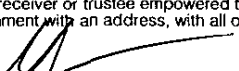


**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

04001150

<b>DOCUMENT # P03000123726</b>						<b>Secretary of State</b> 07-09-2004 90009 039 ***150.00					
1. Entity Name <b>HUNDRED INVESTMENTS, INC.</b>											
Principal Place of Business <b>8591 NW 186 STREET #103 MIAMI, FL 33015 US</b>				Mailing Address <b>8591 NW 186 STREET #103 MIAMI, FL 33015 US</b>				<b>J4U01150</b>			
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				07062004 Chg-P CR2E034 (10/03)			
City & State				City & State				4. FEI Number <b>83-0374785</b>		Applied For Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
<b>HERNANDEZ, MIGUEL A 8591 NW 186 STREET #103 MIAMI, FL 33015</b>						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City				<b>FL</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				<b>\$5.00</b> 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		P <input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		<b>HERNANDEZ, MIGUEL A</b>				NAME					
STREET ADDRESS		<b>8591 NW 186 STREET #103</b>				STREET ADDRESS					
CITY-ST-ZIP		<b>MIAMI, FL 33015</b>				CITY-ST-ZIP					
TITLE		S <input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		<b>REYNOLDS, CRISTINA</b>				NAME					
STREET ADDRESS		<b>8591 NW 186 STREET #103</b>				STREET ADDRESS					
CITY-ST-ZIP		<b>MIAMI, FL 33015</b>				CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY-ST-ZIP						CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY-ST-ZIP						CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						NAME					
STREET ADDRESS						STREET ADDRESS					
CITY-ST-ZIP						CITY-ST-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: 						7/6/04 (786) 247-0312					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						Date Daytime Phone #					