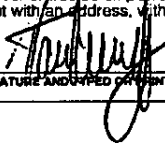


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 10, 2004 8:00 am
Secretary of State

05-11-2004 90076 037 ***150.00

66427682

DOCUMENT # P03000137239 1. Entity Name DESIRABLE INVESTMENTS INC.					
Principal Place of Business 117 E MARKS STREET ORLANDO, FL 32803			Mailing Address 117 E MARKS STREET ORLANDO, FL 32803		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NGUYEN, VAN-TAM 117 E MARKS STREET ORLANDO, FL 32803			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P ☐ Delete		TITLE	PS ☒ Change ☐ Addition	
NAME	NGUYEN, VAN-TAM		NAME		
STREET ADDRESS	117 E MARKS STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE	VP ☒ Delete		TITLE		
NAME	NGUYEN, ANDREA R		NAME		
STREET ADDRESS	117 E MARKS STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	VPT ☐ Change ☒ Addition	
NAME			NAME	JONES, DAVID A.	
STREET ADDRESS			STREET ADDRESS	117 E MARKS STREET	
CITY-ST-ZIP			CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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: 			4-28-04 407-399-2598		
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		