
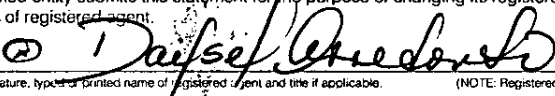
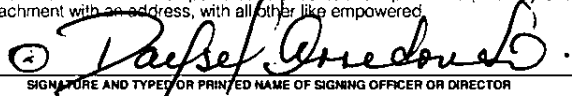


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90044 048 \*\*\*150.00

DOCUMENT # P04000041921					
<b>1. Entity Name</b> ARREDONDO INVESTMENTS INC.					
<b>Principal Place of Business</b> 19640 SW 87 AVENUE MIAMI, FL 33157			<b>Mailing Address</b> 19640 SW 87 AVENUE MIAMI, FL 33157		
<b>2. Principal Place of Business</b> 9710 N KENDALL DR Suite, Apt. #, etc.		<b>3. Mailing Address</b> 9710 N KENDALL DR Suite, Apt. #, etc.			
City & State FT. LAUDERDALE		City & State FT. LAUDERDALE		4. FEI Number 20-0843987	
Zip FL 33176		Zip FL 33176		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> ARREDONDO, DAYSEL 19640 SW 87 AVENUE MIAMI, FL 33157			<b>7. Name and Address of New Registered Agent</b> 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:  DATE: 3/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE	P		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARREDONDO, AMYLCAR		NAME		
STREET ADDRESS	19640 SW 87 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33157		CITY - ST - ZIP		
TITLE	VP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARREDONDO, JORGE L		NAME		
STREET ADDRESS	20601 LEEWARD LANE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33189		CITY - ST - ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARREDONDO, DAYSEL		NAME		
STREET ADDRESS	19640 SW 87 AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33157		CITY - ST - ZIP		
TITLE	D/S		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ, BARBARA Y		NAME		
STREET ADDRESS	20601 LEEWARD LANE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33189		CITY - ST - ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			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: 			3/29/05 (305) 279-0810		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		