

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90054 041 ***158.75

DOCUMENT # P04000085273

1. Entity Name
PROJECTS AND INVESTMENTS HOLDING INC



Principal Place of Business

**9600 NW 25TH STREET
SUITE 5A
MIAMI, FL 33172 US**

Mailing Address

**9600 NW 25TH STREET
SUITE 5A
MIAMI, FL 33172 US**

50006210



2. Principal Place of Business

**2699 COLLINS AVE.
Suite, Apt. #, etc.
SUITE 110**

3. Mailing Address

**2121 PONCE DE LEON BLVD.
Suite, Apt. #, etc.
SUITE 240**

01182005 Chg-P CR2E034 (10/03)

City & State

MIAMI BEACH, FL.

City & State

CORAL GABLES, FL.

4. FEI Number

20-2177900

Applied For

Not Applicable

Zip
33140

Country

Zip
33134

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JC SCHWARTZMAN & ASSOCIATES INC
9600 NW 25TH STREET
SUITE 5A
MIAMI, FL 33172**

7. Name and Address of New Registered Agent

Name
GABRIEL PRATS

Street Address (P.O. Box Number is Not Acceptable)

2121 PONCE DE LEON BLVD. STE. 240

City
CORAL GABLES

FL

Zip Code
33134

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

Signature, typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when remaining)

DATE

01/19/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LOSADA, GABRIEL
9600 NW 25TH STREET SUITE 5A
MIAMI, FL 33172** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDST
LOSADA, GABRIEL
2699 COLLINS AVE STE. 110
MIAMI BEACH, FL. 33140** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

1-18-05

305-444-8333

Daytime Phone #

GABRIEL LOSADA