

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000092223

FILED
Apr 30, 2005
Secretary of State

Entity Name: INVESTMENTS HAPAL, CORP.

Current Principal Place of Business:

P.O.BOX 565490
MIAMI, FL 33256

New Principal Place of Business:

4995 N.W. 72 AVE
205
MIAMI, FL 33166

Current Mailing Address:

P.O.BOX 565490
MIAMI, FL 33256

New Mailing Address:

4995 N.W. 72 AVE
205
MIAMI, FL 33166

FEI Number: 33-1095183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAVALIERI, OMAR E MR.
1430 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,S () Delete
Name: LEON, JOAQUIN A MR.
Address: P.O.BOX 565490
City-St-Zip: MIAMI, FL 33256

Title: VP,D () Delete
Name: CAVALIERI, OMAR E MR.
Address: P.O.BOX 565490
City-St-Zip: MIAMI, FL 33256

Title: D () Delete
Name: ACOSTA, ALEJANDRO MR.
Address: P.O.BOX 565490
City-St-Zip: MIAMI, FL 33256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OMAR E CAVALIERI

VP,D

04/30/2005

Electronic Signature of Signing Officer or Director

Date