2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000110289			S. T.	20		FILED		
1. Entity Name IVIS INVESTMENTS, CORP.					05			
					_	Out 19 bli	12: 39	
Principal Place of Business 10237 SW 24 STREET APT C-346 MIAMI, FL 33165		Mailing Address 10237 SW 24 STREET AFT C-346 MAMI, FL 33165 -			SEGRETARY OF UTATE TALLAHASSI E. FT GAIDA			
2. Principal Place of Business 1 Street 3. Mailing Address 1590 Su			71 0/10	et III				
Suite, Apt. #, etc. Suite, Apt. #, etc.			11 (11)	0118200	5 Chg-P	CR2E034 (10/03)		
City & Stat	ši Fl	Cilya State N. FL		4. FELN	Ther 141825	Applied For Not Applicable		
320	Country OSA	33193	Couptry A	5. Certific	ate of Status Desired	\$8.75 Add	ditional	
	8. Name and Address of Current I	7. Name	7. Name and Address of New Registered Agent					
REYES, DARIEN D 10237 SW 24 STREET APT 0-346 Street Add				ddress (P.O. Box Nu	ess (P.O. Box Number is Not Acceptable)			
MIAMI, FL 33165			15	15961 Sw 71 street				
City M					1 i	FL Z	5193	
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 of presonant trie of applicable. (NOTE: Registered Agent signature required when renstating): DATE								
9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee will be \$550.00 7. FILE NOWILL FEE IS \$150.00 Trust Fund Contribution.								
10.	OFFICERS AND I		11.	ADDITIO	NS/CHANGES TO OFF	ICERS AND DIRECTOR		
NAME STREET ADDRESS	REYES, DARIEN D 10237 SW 24 STREET APT C 346- STRE			159615		Free F Change	Addition	
CITY-ST-ZIP TITLE	MIAMI, FL 32166	□ Delete .	CITY-ST-ZIP	Mian	Ji, Er 3	3314 <u>)</u> Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		. Delete	NAME STREET ADDRESS CITY-ST-ZIP			□ maiñe	Auditori	
TITLE NAME		☐ Delcte	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TETLE NAME		400045	552864 11012 **1	Addition	
STREET ADDRESS CITY-ST-ZIP		<u> </u>	STREET ADDRESS CITY-ST-ZIP	U.	./28/05U1U)	11012 **1	5U.DD	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZP			STREET ADORESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date								
						,_,_,_,	ľ	