



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000127492 1. Entity Name INVADILSON INC				FILED 05 SEP 22 PM 2:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 814 PROVIDENCE RD BRANDON, FL 33511		Mailing Address 814 PROVIDENCE RD BRANDON, FL 33511			
2. Principal Place of Business 814 PROVIDENCE TRACE		3. Mailing Address 814 PROVIDENCE TRACE			
Suite, Apt. #, etc. 204		Suite, Apt. #, etc. 204		08092005 Chg-P CR2E034 (10/03)	
City & State BRANDON, FL		City & State BRANDON, FL		4. FEI Number 20-1623081	
Zip 33511		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ DOS SANTOS, JOSE DILSON 814 PROVIDENCE RD BRANDON, FL 33511				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 814 PROVIDENCE TRACE #204 City BRANDON FL Zip Code 33511	
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: <u>Jose Dilson</u> DATE: <u>09.17.05</u>				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ DOS SANTOS, JOSE DILSON 814 PROVIDENCE RD BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 814 PROVIDENCE TRACE #204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Jose Dilson</u>				09.17.05 - 9517888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	