


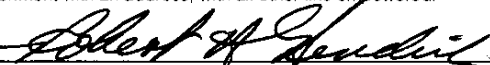
2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90061 013 ***150.00

DOCUMENT # P04000131559			
1. Entity Name 3630 INVESTMENT CORP.			
Principal Place of Business 11550 N.W. 36 AVENUE MIAMI FL 33167 US		Mailing Address 11550 N.W. 36 AVENUE MIAMI FL 33167 US	
2. Principal Place of Business 7950 NW 58 ST.		3. Mailing Address PO BOX 563097	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Doral Florida		City & State Miami FL	
Zip 33166	Country USA	Zip 33256	Country USA
6. Name and Address of Current Registered Agent HENDRICKS, ROBERT A 2600 DOUGLAS ROAD SUITE 607 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Johnston Steven W 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete JOHNSTON, STEVEN W 11550 N.W. 36 AVENUE MIAMI FL 33167	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Johnston Steven W PO Box 563097 Miami FL 33256
TITLE S/T	<input checked="" type="checkbox"/> Delete JOHNSTON, STEVEN W 11550 N.W. 36 AVENUE MIAMI FL 33167	TITLE S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Johnston Steven W PO Box 563097 Miami FL 33256
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TITLE 	<input type="checkbox"/> Delete	TITLE 	<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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #