

FROM : UNAVAILABLE

PHONE NO. : 305 261 1053

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90002 039 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000027092

INVESTMENTS SOUTH GROUP CORP.



50021212



1. Mailing Address
 15807 SW 44 ST
 MIAMI, FL 33185

Mailing Address
 15807 SW 44 ST
 MIAMI, FL 33185

2. Mailing Address

3. Mailing Address

4. Mailing Address

5. Mailing Address

05312006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number 20-2445231

5. Additional Fee Required

Zip

Country

Zip

Country

6. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENNESSEY, ANA R
 15807 SW 44 ST
 MIAMI, FL 33185

Name

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

City

FL

Zip Code

I hereby certify that I am the duly authorized agent for the purpose of changing its registered office or registered agent in this State of Florida, with or without the change of registered agent.

By signing this report, I am certifying that the information provided is true and accurate, and that I am the duly authorized agent for the purpose of changing its registered office or registered agent in this State of Florida, with or without the change of registered agent.

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FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

\$5.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	11. ACTIONS/CHANGES TO OFFICERS AND DIRECTORS
NAME: HENNESSEY, ANA R STREET ADDRESS: 15807 SW 44 ST CITY-STATE-ZIP: MIAMI, FL 33185	☐ Change ☐ Add
NAME: MERCADO, MARIO STREET ADDRESS: 15807 SW 44 ST CITY-STATE-ZIP: MIAMI, FL 33185	☐ Change ☐ Add
NAME: TITO, WALTER E STREET ADDRESS: 8383 SW 107 AVE APT D CITY-STATE-ZIP: MIAMI, FL 33173	☒ Delete ☐ Change ☐ Add
NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	☐ Delete ☐ Change ☐ Add
NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	☐ Delete ☐ Change ☐ Add
NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	☐ Delete ☐ Change ☐ Add
NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	☐ Delete ☐ Change ☐ Add

12. I hereby certify that the information provided is true and accurate, and that I am the duly authorized agent for the purpose of changing its registered office or registered agent in this State of Florida, with or without the change of registered agent.

SIGNATURE: ANA R. HENNESSEY
 05-30-06 (305) 221-8321