

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90088 033 ***300.00

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| DOCUMENT # P05000050352 1. Entity Name ABSOLUTE CHOICE INVESTMENTS, INC. | | | |
| Principal Place of Business 1250 WINDWAY CIR KISSIMMEE, FL 34744 | | Mailing Address P.O.BOX. 452762 KISSIMMEE, FL 34745 | |
| 2. Principal Place of Business - No P.O. Box # 1250 Windway Cir | | 3. Mailing Address P.O. Box 452762 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Kissimmee FL | | City & State Kissimmee | |
| Zip 34744 | | Zip 34744 | |
| Country US | | Country US | |
| 4. FEI Number 83-0425140 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ROSADO, MARY A 1250 WINDWAY CIR KISSIMMEE, FL 34744 | | 7. Name and Address of New Registered Agent Name Mary A Rosado Street Address (P.O. Box Number is Not Acceptable) 1250 Windway Cir City Kissimmee FL Zip Code 34744 | |
| 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 Mary A Rosado DATE 3-30-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | P ROSADO, MARY A P.O.BOX. 452762 KISSIMMEE, FL 34745 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP ROSADO, EDWIN P.O.BOX. 452762 KISSIMMEE, FL 34745 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC ROSADO, EDMARY P.O.BOX. 452762 KISSIMMEE, FL 34745 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC ROSADO, EYBELLE M P.O.BOX. 452762 KISSIMMEE, FL 34745 | 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 | President Miguel A. Vega 2322 Corhill Dr Orlando, FL 32837 <input type="checkbox"/> Change <input checked="" 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 |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mary A Rosado President | | Date 3-30-08 Daytime Phone # 407-8732316 | |