

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90171 037 \*\*\*158.75

**DOCUMENT # P24612**

1. Entity Name  
5.200 INVESTMENTS, LTD., INC.



Principal Place of Business  
555 S POMPANO PKWAY  
POMPANO BEACH, FL 33069 US

Mailing Address  
200 S BISCAYNE BLVD  
STE 4100  
MIAMI, FL 33131

24071664



2. Principal Place of Business  
200 S. Biscayne Blvd.

3. Mailing Address

Suite, Apt. #, etc.  
# 4100

Suite, Apt. #, etc.

City & State  
MIAMI - FL

City & State

Zip  
33131

Country  
Dade

Zip

Country

03292004

Chg-P

CR2E034 (10/03)

4. FEI Number  
65-0190929

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CORP INATL REGISTERED AGENTS, INC.  
200 SOUTH BISCAYNE BOULEVARD  
SUITE #4100  
MIAMI, FL 33131

## 7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME LAURIA L., JESUS A  
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 4100  
CITY-ST-ZIP MIAMI, FL 33131

TITLE S  
NAME CLARA, GARBATI M  
STREET ADDRESS 200 SOUTH BISCAYNE BLVD., #4100  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

Daytime Phone #