
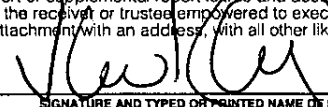


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90109 021 ***158.75

DOCUMENT # P24612 1. Entity Name 5.200 INVESTMENTS, LTD., INC.					
Principal Place of Business 200 S. BISCAYNE BLVD. #4100 MIAMI, FL 33131 US			Mailing Address 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131		
2. Principal Place of Business 1314 E. Las Olas Blvd			3. Mailing Address 		
Suite, Apt. #, etc. 285			Suite, Apt. #, etc.		
City & State Ft. Lauderdale FL			City & State		
Zip 33301		Country U.S.A.		Zip	
Country		4. FEI Number 65-0190929			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$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 MARIA CLARA GARBATI Street Address (P.O. Box Number is Not Acceptable) 1314 E. Las Olas Blvd Suite # 285 City Ft. Lauderdale FL Zip Code 33301		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 LAURIA L., JESUS A <input type="checkbox"/> Delete 200 SOUTH BISCAYNE BLVD., SUITE 4100 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LAURIA JESUS A. #285 1314 E. Las Olas Blvd Ft. Lauderdale FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARA, GARBATI M <input type="checkbox"/> Delete 200 SOUTH BISCAYNE BLVD., #4100 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARIA CLARA GARBATI #285 1314 E. Las Olas Blvd Ft. Lauderdale FL 33301	
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	
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 recipient 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 JESUS LAVEA		
Date 4/20/05			Daytime Phone # 9546557120		