2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000049912

1. Entity Name

INVERCOSA INVESTMENTS, INC.

Principal Place of Business	Mailing Address
3650 BIRD RD MIAMI FL 33133	3650 BIRD RD MIAMI FL 33133

MOORE   CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc	Suite, Apt. #, etc		
City & State	City & State	4. FEI Number 65-0477694	Applied For / Not Applicable
Zip / Country	Zip / Country	5. 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
KRAVITZ, HAROLD PA. 7600 W. 20TH AVE. STE 213 HIALEAH FL 33016	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 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME BELLOSTA, CARLOS STREET ADDRESS 3650 BIRD RD CITY-ST-ZIP MIAMI FL 33133	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	W000L0072098 03/01/04-80038-003 150.00	☐ Change ☐ Addition
TITLE VPD NAME BELLOSTA, JOSE STREET ADDRESS 3650 BIRD RD CITY-ST-ZIP MIAMI FL 33133	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE SD NAME O'MALLEY, DAN STREET ADDRESS 3650 BIRD ROAD CITY-ST-ZIP MIAMI FL 33133	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: _____   Feb. 24, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #