2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE

01042005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0477694	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRAVITZ, HAROLD PA.
7600 W. 20TH AVE. STE 213
HIALEAH, FL 33016

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	BELLOSTA, CARLOS
STREET ADDRESS	3650 BIRD RD
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VPD
NAME	BELLOSTA, JOSE
STREET ADDRESS	3650 BIRD RD
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	SD
NAME	O'MALLEY, DAN
STREET ADDRESS	3650 BIRD ROAD
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/28/05--80041-010.150.00

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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: _Dan O'Malley_   DAN O'MALLEY   1-20-05   305 444-2222

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