

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P93000049912

1. Entity Name
INVERCOSA INVESTMENTS, INC.



Principal Place of Business

**3650 BIRD RD
MIAMI, FL 33133**

Mailing Address

**3650 BIRD RD
MIAMI, FL 33133**



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0477694

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

**100000707894
04/24/07-80032-022 150.00**

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	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07 305-444-2222

Date

Daytime Phone #