

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90002 030 ***150.00

DOCUMENT # P93000073137					
1. Entity Name IMMO INVESTMENTS, INC.					
Principal Place of Business 5638-5660 JASON LEE PLACE SUITE #5 SARASOTA, FL 34233 US			Mailing Address 5013 FIELDING LANE SARASOTA, FL 34233		
2. Principal Place of Business 5642-5644 Jason Lee Place			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Sarasota FL			City & State		
Zip 34233	Country US	Zip	Country		4. FEI Number 65-0448460
6. Name and Address of Current Registered Agent ROSER, MIROSLAV 5013 FIELDING LANE SARASOTA, FL 34233				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 <i>x [Signature]</i> President				DATE 01-26-04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSER, MIROSLAV 5013 FIELDING LANE SARASOTA, FL 34233	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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)(f), 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: <i>x [Signature]</i> MIROSLAV ROSER			DATE 01-26-04 Daytime Phone # 741-727-4142		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

44007371



01262004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0448460

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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SIGNATURE *x [Signature]* **President** DATE **01-26-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
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SIGNATURE: *x [Signature]* **MIROSLAV ROSER** DATE **01-26-04** Daytime Phone # **741-727-4142**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR