


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90276 039 \*\*\*150.00

**DOCUMENT # P95000058505**

1. Entity Name  
**B.I.S.A. INVESTMENTS, INC.**



Principal Place of Business <b>848 BRICKELL AVENUE          PENTHOUSE I          MIAMI, FL 33131</b>	Mailing Address <b>848 BRICKELL AVENUE          PENTHOUSE I          MIAMI, FL 33131</b>
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2. Principal Place of Business <b>848 Brickell Ave</b>	3. Mailing Address <b>848 Brickell Ave</b>
Suite, Apt. #, etc. <b>700</b>	Suite, Apt. #, etc. <b>700</b>

04192005 Chg-P CR2E034 (10/03)

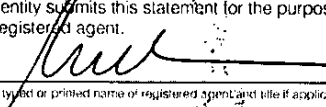
City & State <b>Miami FL</b>	City & State <b>Miami FL</b>
Zip <b>33131</b>	Zip <b>33131</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>65-0603512</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b> <b>MURAI, WALD, BIONDO &amp; MORENO, P.A.          25 S.E. SECOND AVENUE          SUITE 900          MIAMI, FL 33131</b>	<b>7. Name and Address of New Registered Agent</b> Name <b>Murai Wald Biondo Moreno &amp; Brochin PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>Two Alhambra Plaza</b> <b>Penthouse 1B</b> <b>Coral Gables FL</b> Zip Code <b>33134</b>
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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  **Rene V. Murai** DATE **4/18/05**

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, 2005 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	<b>D</b> <b>ARDID, JOSE</b> <b>848 BRICKELL AVENUE SUITE 700</b> <b>MIAMI, FL 33131</b> <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	<b>D</b> <b>INIGO, ARDID</b> <b>848 BRICKELL AVE. SUITE 700</b> <b>MIAMI, FL 33131</b> <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
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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 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 an officer like empowered.

SIGNATURE:  **Jose Ardid** DATE **4/18/05** DAYTIME PHONE # **305-377-1001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR