


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90469 039 ***150.00

DOCUMENT # P96000012467 1. Entity Name ASSOCIATES INVESTMENT CORPORATION, INC.					
Principal Place of Business 1109 N 21ST AVENUE #120 HOLLYWOOD, FL 33020			Mailing Address 1109 N 21ST AVENUE #120 HOLLYWOOD, FL 33020		
2. Principal Place of Business 38 S Federal Highway		3. Mailing Address 38 S Federal Highway			
Suite, Apt. #, etc. Unit # 9		Suite, Apt. #, etc. Unit # 9			
City & State Dania, Florida		City & State Dania, Florida			
Zip 33004	Country USA	Zip 33004	Country USA		
4. FEI Number 65-0634506				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DERMER, MICHAEL 1109 N 21ST AVENUE #120 HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name Michael Dermer Street Address (P.O. Box Number is Not Acceptable) 38 S Federal Highway Unit # 9 City Dania FL 33004		
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 <u><i>Michael Dermer</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD GALLUCCIO, GUY 1731 ROOSEVELT STREET HOLLYWOOD, FL 33020		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DERMER, MICHAEL 19620 NE 19TH PLACE MIAMI, FL 33179		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete		
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: <u><i>Guy Galluccio</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			4/28/05 (954) 923 6002 <small>Date Daytime Phone #</small>		