## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000085225

1. Entity Name INVEST.IN.PRO., INC.

Principal Place of Business

Mailing Address

3305 NE 32 ST FT LAUDERDALE, FL 33308 US 3305 NE 32 ST

FT LAUDERDALE, FL 33308 US

FILED
Apr 12, 2004 08:00 AM
Secretary of State



	DO	NOT	<b>WRITE</b>	IN	<b>THIS</b>	SPACE
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01082004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For S5-0701228 Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIVIES, PATRICK 700 E DANIA BCH BLVD #202 DANIA, FL 33004

## DO NOT WRITE IN THIS SPACE

			1					
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 titlo if	fapplicable (NOTE Registe	wed Agent signature	required when reinstaling)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	სციიეგქეგშ9 ეგე2იეგქეგშ9 ეგე2იეგ-80076-808 150.60			
10.	OFFICERS AND DIREC	CTORS						
NAME STREET ADDRESS GITY-ST-ZIP	PTDS BEDEI, ALINE C 3305 NE 32 ST FT LAUDERDALE, FL 33308							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE				
NAME STREET ADDRESS CITY ST-ZIP								
TITLE NAME STREET ADDRESS								

12. I hereby certify that the information supplied with this filting 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:

CHATURE AND TYPED OR SIGNING OFFICER OF DIRECTOR

4/9/04

Daytime Phone #