2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P96000085225

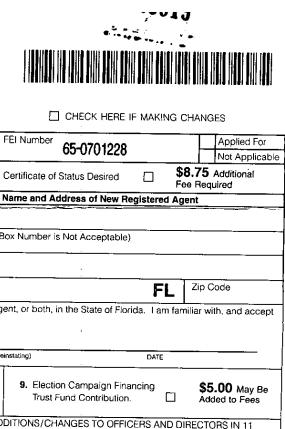
1. Entity Name

INVEST.IN.PRO., INC.



FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90126 032 ***150.00



						TOO WE TRUS				
Principal Place of Business 3305 NE 32 ST FT LAUDERDALE FL 33308 US			330	Mailing Address 3305 NE 32 ST FT LAUDERDALE FL 33308 US						
2 Principal	Place of Busin			-		·····				
2. Fincipal	Place of Busi	ness	3. M	3. Mailing Address				A HEBRIRON AND EBRING BLATE BONIN CONTRA	82161 18181 BIII 8111	18 11881 EHI (5 89)
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State			City & State				4. FE	4. FEI Number 65-0701228 Applied For Not Applicable		
Zip Country		Zip	Zip Cour		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required		dditional		
	6. Name	and Address of Curre	ent Register	red Agent			7. Na	arne and Address of New Registe		rea
אוווורפ ח	ATDIOL			<u> </u>		Name				·
	NIA BCH B	LVD #202		Street Add			s (P.O. Box Number is Not Acceptable)			
DANIA FL 33004									·	<u> </u>
						City			FL Zip Co	
g.	and of region	submits this statement ered agent.	t for the purp	oose of changing its	s registere	ed office or registe	red ager	nt, or both, in the State of Florida. I	am familiar with	n, and accept
SIGNATURE	Signature, typed	or printed name of registered ag	ent and title if ap	plicable. (NOT	TE: Registered	Agent signature require	d when reins	stating) DA	NE .	
Afte Make Check	r May 1, 200	FEE JŞ \$150.00 3 Fee will be \$550.0 Florida Department	of State	D YY	-	·		Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees
10.	PTDS	OFFICERS AN	ND DIRECTO		11.		ADDI	TIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	BEDEI, ALI 3305 NE 3			☐ Delete		1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1		Delete		ŀ			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•		Delete	NAME STREE	T ADDRESS			☐-Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			"	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	796		☐ Change	Addition

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