
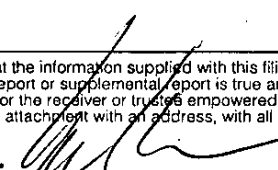


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90026 034 ***158.75

DOCUMENT # P96000099577 1. Entity Name 323 INVESTMENTS, INC.					
Principal Place of Business 7198 NW 51 ST MIAMI, FL 33166 US			Mailing Address 7198 NW 51 ST MIAMI, FL 33166 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0715996	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RICHARD J DIAZ PA 3127 PONCE DE LEON BLVD CORAL GABLES, FL 33134				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	P SANTISTEBAN, GREGORIO <input type="checkbox"/> Delete 755 BLUE ROAD CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANTISTEBAN GREGORIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 665 SOLANO PRADO CORAL GABLES, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTISTEBAN, CARLOS <input type="checkbox"/> Delete 8260 N.W. 156 TRL MIAMI LAKES, FL 33106		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANTISTEBAN CARLOS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 210 SOLANO PRADO CORAL GABLES, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANTISTEBAN, AIDA <input type="checkbox"/> Delete 755 BLUE ROAD CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANTISTEBAN AIDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 665 SOLANO PRADO CORAL GABLES, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SANTISTEBAN-DIAZ, ANA M <input type="checkbox"/> Delete 755 BLUE RD CORAL GABLES, FL 33146		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANTISTEBAN-DIAZ ANA M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3127 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	
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	
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: 			AIDA SANTISTEBAN 4-7-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		