


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90025 034 ***150.00

DOCUMENT # P97000001996
 1. Entity Name
E.O. INVESTMENTS, INC.



Principal Place of Business Mailing Address
3400 SW 141 AVE **3400 SW 141 AVE**
HOLLYWOOD FL 33027 **HOLLYWOOD FL 33027**

JUU17001



1st MOORE CR2E034 (10/04)

2. Principal Place of Business 3. Mailing Address
Real Estate *3400 SW. 141st Ave*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 MIRAMAR FLORIDA

4. FEI Number Applied For
65-0720520 Not Applicable

Zip Country Zip Country
33027 *FLORIDA* *33027* *FLORIDA*

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ORTIZ, EDGAR
3381 S.W. 179TH AVENUE
MIRAMAR FL 33029

7. Name and Address of New Registered Agent
 Name *EDGAR ORTIZ*
 Street Address (P.O. Box Number is Not Acceptable)
3400 S.W. 141st Ave
 City *MIRAMAR* **FL** Zip Code *33027*

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]* DATE *2/14/05*
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ORTIZ, EDGAR 3400 SW 141 AVE HOLLYWOOD FL 33027	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* Date *2/14/05* Daytime Phone # *786-399-0134*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR