2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000005355

1. Entity Name
C.F.E. INVESTMENT CORP.

Principal Place of Business	Mailing Address
8085 NW 155TH ST MIAMI, FL 33016 US	8085 NW 155TH ST MIAMI, FL 33016 US

DO NOT WRITE IN THIS SPACE

02022005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0741170	Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, STUART
8085 NW 155TH ST
MIAMI, FL 33016

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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 title if applicable.   (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.   ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	PD	
NAME	COHEN, STUART	
STREET ADDRESS	8085 NW 155 ST	
CITY-ST-ZIP	MIAMI, FL 33016	
TITLE	STD	
NAME	FREEDMAN, LAWRENCE B	
STREET ADDRESS	8085 NW 155 ST	
CITY-ST-ZIP	MIAMI, FL 33016	
TITLE	VD	
NAME	ENCINOSA, GUILLERMO J	
STREET ADDRESS	8085 NW 155 ST	
CITY-ST-ZIP	MIAMI, FL 33016	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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IN THIS SPACE

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: _Stuart Cohen_ STUART Cohen   2-2-05   (305)826-3999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #