2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

Maining Address Maining Addr	1. Entity Name COMBINED INVESTORS, INC.								04-30-20	04 9032	0 006 ***.	150.00	
2. Principal Place of Business	2903 SALZED	00 ST.		2903 SALZEDO ST.						-			
Suite. Apt. #. etc.	CORAL GABLI	ES, FL 3313	34	CORAL GABLES, FL 3	3134				1 1 1 1 1 1 1 1 1 1			11	
City & State Country Country Country S. Country Street Address of States Desired Agent Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Zo Code City FL Zo Code S. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am farm liar with, and accept the or objective agent. SIONATURE Spatial Registered agent. Sionature System Address (P.O. Box Number is Not Acceptable) City FL Zo Code City FL Zo Code S. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am farm liar with, and accept the originate agent and the fagicians City Street Address (P.O. Box Number is Not Acceptable) Street	2. Principal Pi	lace of Busine	ess	3. Mailing Address									
Country Zip	Suite, Apt. #, etc.									CR2E0			
Section Sect		e							=		No	Applicable	
MARRERO, ROSA 2903 SALZEDO ST. COPAL GABLES, FL 33134 8. The above named critis submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am hamillar with, and accept the chigations of registered agent. SIGNATURE City FL Zip Code	Zip							Fee Required					
Street Address (P.O. Box Number is Not Acceptable) Copy		6. Name	and Address of Current	Registered Agent		Nome		7. Name and	Address of New R	egistered.	Agent		
CORAL GABLES, FL 33134 City FL Zip Code													
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, liyed or prined varie of registered agent and title d applicable. (NOTE: Repostered Agent signatura required Agent signatu						Sileet Ad	- Caress (1	F.O. BOX NUMB	el is Not Acceptable				
SIGNATURE Squares, hotel or printed career and titled appet and titled appet and titled appet appetable. (hOTE: Requisitored Agent signature required when representing) DATE							City FL Zip Code						
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FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution: 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP	SIGNATURE												
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		certify that the	e information supplied wit	h this filing does not qualify			ed in Se	ection 119.07(3)	(i), Florida Statutes.	I further ce	rtify that the ir	formation	

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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 ON TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR