## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000029200

Title:

Name:

Address:

City-St-Zip:

FILED Apr 29, 2005 Secretary of State

Entity Nar	<b>ne:</b> W. S. IN	VESTMENT PROPERTIES CC	RP.				
Current Principal Place of Business:				New Principal Place of Business:			
130 N.W. 39 STREET MIAMI, FL 33127 US				POBOX371425 MIAMI, FL 33137 US			
Current Mailing Address:				New Mailing Address:			
PO BOX 382244 MIAMI SHORE, FL 33238				POBOX 371425 MIAMI, FL 33137			
FEI Number:	65-0850685	FEI Number Applied For ( )	FEI Num	nber Not Appli	icable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	JOHN ESQ AYNE BLVD. 33138 US	, #101					
	named entity e of Florida.	submits this statement for the p	purpose of	f changing it	s register	ed office or registered agent, or both,	
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financi	ng Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	AROCHO, SA 130 N.W. 39 S MIAMI, FL 33	STREET 127		Title: Name: Address: City-St-Zip:	P AROCHO, POBOX37 MIAMI, FL	1425 33137	
Title: Name: Address: City-St-Zip:	VP ( BERRIOS, W 130 N.W. 39 S MIAMI, FL 33	STREET		Title: Name: Address: City-St-Zip:	VP BERRIOS, POBOX37 MIAMI, FL		
Title: Name: Address: City-St-Zip:	S ( BERRIOS, W 130 NW 39 S MIAMI, FL 33	Г		Title: Name: Address: City-St-Zip:	S BERRIOS, POBOX37 MIAMI. FL		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WB VP 04/29/2005

() Delete

( ) Change (X) Addition

BERRIOS, WILLIE J JR

POBOX371425

MIAMI, FL 33137