

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90007 048 \*\*\*150.00

**DOCUMENT # P98000032351**

1. Entity Name

INITIAL TWO INVESTMENTS, INC.



Principal Place of Business

2900 W. 84TH STREET  
2ND FLOOR  
HIALEAH FL 33016

Mailing Address

2900 W. 84TH STREET  
2ND FLOOR  
HIALEAH FL 33016

2. Principal Place of Business

11305 NW 128TH ST

Suite, Apt. #, etc.

3. Mailing Address

11305 NW 128TH ST

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

MEDLEY, FL

Zip

33178

Country

US

City & State

MEDLEY, FL

Zip

33178

Country

US

4. FEI Number

65-0839849

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.  
236 E. 6TH AVENUE  
TALLAHASSEE FL 32315-7066

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete  
NAME GONZALEZ, MIRIAM  
STREET ADDRESS 2900 WEST 84TH STREET, 2ND FLOOR  
CITY-ST-ZIP MIAMI FL 33016

TITLE P ☐ Delete  
NAME GONZALEZ, ANDY  
STREET ADDRESS 2900 WEST 84TH STREET, 2ND FLOOR  
CITY-ST-ZIP MIAMI FL 33016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11305 NW 128TH ST  
CITY-ST-ZIP MEDLEY, FL 33178

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11305 NW 128TH ST  
CITY-ST-ZIP MEDLEY, FL 33178

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04  
Date

305-5123445  
Daytime Phone #