2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035274

1. Entity Name

Principal Place of Business

2. Principal Place of Business

407 LINCOLN RD. STE 5-B

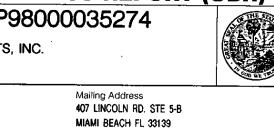
MIAMI BEACH FL 33139

Suite, Apt. #, etc.

City & State

Zip

PROTECTIVE INVESTMENTS, INC.



3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90075 039 ***150.00

90016462



NG CHANGES
Applied For
Not Applicable
\$8.75 Additional Fee Required
d Agent

b. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRITO, LUIS G	Name
107 LINCOLN RD, STE 5-B	Street Address (P.O. Box Number is Not Acceptable)
MAMI BEACH FL 33139	
	City FL Zip Code
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Country

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10.	OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PD Delete ANILLO, ELVA 5838 COLLINS AVE, #4-C MIAMI BEACH FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	" ""	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. [] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN-30-03 305-867-153

te Daytime Pt

Paytime Phone #

CR2E034 (10/02)