


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90181 028 \*\*\*150.00

<b>DOCUMENT # P98000037016</b>	
1. Entity Name <b>717 INVESTMENTS, INC.</b>	

Principal Place of Business <b>717 PONCE DE LEON BLVD., STE. 230 CORAL GABLES, FL 33134</b>	Mailing Address <b>717 PONCE DE LEON BLVD., STE. 230 CORAL GABLES, FL 33134</b>
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2. Principal Place of Business <b>3630 JUSTISON RD</b>	3. Mailing Address <b>PO BOX 145396</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI FL</b>	City & State <b>CORAL GABLES, FL</b>
Zip <b>33133</b>	Country <b>USA</b>
Zip <b>33114-5396</b>	Country <b>USA</b>



04062005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0830518</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>PORTELA, RAMON 717 PONCE DE LEON BLVD., STE. 230 CORAL GABLES, FL 33134</b>	

7. Name and Address of New Registered Agent	
Name <b>PORTELA, RAMON</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3630 JUSTISON RD.</b>	
City <b>MIAMI</b>	FL Zip Code <b>33133</b>


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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>4-6-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NEWMAN, OTTO 717 PONCE DE LEON BLVD., STE. 230 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PORTELA, RAMON 717 PONCE DE LEON BLVD., STE. 230 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P NEWMAN, OTTO 5700 SW 88 ST. PINECREST FL 33156</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PORTELA, RAMON 3630 JUSTISON RD. MIAMI, FL 33133</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE  <b>- RAMON PORTELA</b>	<b>4/6/05</b>	<b>305-740-0962</b>
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