2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000001452

1. Entity Name A.J. INVESCO, INC.



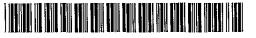
FILED Apr 30, 2004 08:00 AM Secretary of State

Principal Place of Business

2100 PONCE DE LEON BLVD STE 600 CORAL GABLES, FL 33134 Mailing Address

2100 PONCE DE LEON BLVD STE 600

CORAL GABLES, FL 33134



DO NOT WRITE IN THIS SPACE

| 04292004 | No Chg-P | CR2E034 (10/03) | | |
|---------------|----------|-----------------|--------------|--|
| 4. FEI Number | | | Applied For | |
| 65-0889785 | | ſ | Not Applicat | |

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLANEUVA, CARLOS 2100 PONCE DE LEON BLVD STE 600 CORAL GABLES, FL 33134

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. | | | | | | | |
|--|--|----------|--|--------------------------------|---|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE | | | | | | | |
| | | (10-2-11 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution | | | | \$5.00 May Be Added to Fees | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S VILLANEUVA, CARLOS 2100 PONCE DE LEON BLVD CORAL GABLES, FL 33134 | | | | სისა-145370 მარა-64-85022-020 150.0 0 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | *** *** *** ************************** | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | in ' | THIS SPACE | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| 12. Thereby certify the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this r ₁ or tor 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. | | | | | | | |