2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2005 08:00 AM Secretary of State

ANNUAL REPORT					Co	4	-CC4-4-
1. Entity Nam	MENT # P9900000697 NVESTMENTS, INC.	8			Sec	cretary	of State
940 NW 51	PLACE #6	aiting Address 140 NW 51 PLACE #6 ORT LAUDERDALE, FL 33309			1 (1888	15 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JOSEN JULIJUST J. JOSEN
D	OO NOT WRITE II		CE	02072005 4. FEI Numbi 65-089		CR2E034 (10	
	6. Name and Address of Current Regis	tered Agent					
	MARK 1 PLACE #6 UDERDALE, FL 33309	÷ ±.			NOT W THIS SF		
	named entity submits this statement for the p	surpose of changing its registere	ed office or register	red agent, or bo	th, in the State of Flo	rida. I am familia	with, and accept
the obligat	tions of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and title	Papplicable (NOTE Registere	d Agent signature required	i when reinstating)	. – ––	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	noing _ \$5.	.00 May Be led to Fees			
10.	OFFICERS AND DIREC	OTORS	<u> </u>	<u></u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STORY, MARK 940 NW 51 PLACE #6 FORT LAUDERDALE, FL 33309					221 8 32 80048-019	150.00
NAME STREET ADDRESS CITY-ST-ZIP				•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE 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)(1), 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 the propowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK A STORY

2/1/05 954-776.755