


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90006 025 ***158.75

DOCUMENT # P99000026004 1. Entity Name MAKOER INVESTMENTS, INC.					
Principal Place of Business 7180 RUE DE PALISADES SARASOTA, FL 34238			Mailing Address 7180 RUE DE PALISADES SARASOTA, FL 34238		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address 5179 Indian Mound St.		
City & State City: Sarasota, FL			4. FEI Number 65-0911891		
Zip 34232			Country Sarasota		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent DUMBAUGH, JOHN D ESQ. 1900 RINGLING BLVD SARASOTA, FL 34236			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE President <input type="checkbox"/> Delete NAME KOERPER, MANFRED G STREET ADDRESS BERLINER STR. 106, 66424 HOMBURG / SAAR CITY-ST-ZIP GERMANY,			TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Eleanore Bauer STREET ADDRESS 5179 Indian Mound St. CITY-ST-ZIP Sarasota, FL 34232		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Koerper, Manfred G STREET ADDRESS Berliner Str. 106, 66424 Homburg Saar CITY-ST-ZIP Germany		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: Manfred Koerper SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				03-19-04 Date Daytime Phone #	

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