FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

- PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Investment Goop, Inc.

FILED

'00 MAY 10 PM 2: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address 1948 N.W. 130th Are					_		
1948 N.W. 130th Are							
Pembroke Pinec, FZ 33028 Some				ý		DO NOT WRITE IN THIS SPACE	
Pemb.	Pembroke Pinec, FZ 33028					3. Date Incorporated or Qualifed	
, •	,					7/13/99	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number Applied For	
, i		26				65-0938988 Not Applicable	
	#, etc	Suite, Apt. #, etc.	-			5. Certificate of Status Desired \$8.75 Additional	
·		27				5. Sertificate of Status Desired Fee Required	
City & Stat	City & State City & State					6. Election Campaign Financing \$5.00 May Be	
d		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Intangible	
á!	25		30			Tersonal Property Tax.	
9. Name and Address of Current Registered Agent				B1	Name	10. Name and Address of New Registered Agent	
54	Lephn Enrique]	•	Name	<u></u>	
Stephn Enriquec 19 west Flaglin St, #600			[7	82	Street Address (P.O. Box Number is Not Acceptable)		
19 West Plager S. 1 11				83			
Miani, FC 33130			l'	63			
			ļ.	84	City	FL 85 Zip Code	
	10 20 207 0707) 1 003 4500 St-11- Otto	456				
office or r	registered agent, or both, in the State o	of Florida. Such change was at	uthorized	by t	the corporati	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered	
agent. I a	rm familiar with, and accept the obligati	ions of, Section 607.0505, Floi	rida Statut	tes.			
SIGNATURE	Signature, typed or printed name of registered agent	and title if annicable (NOTE	Registered A	nent	signature require	ired when reinstating) DATE	
12.	OFFICERS AND		13.	4 0		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1,1 TITL	E		☐ Change ☐ Addition	
NAME	Donieli Anthone		1.2 NAW	Æ			
STREET ADDRESS	19 UK NW 13074	Al	1.3 STR	EET	ADDRESS		
CITY-ST-ZIP	1948 NW 130th Pennbooke Pink,	FZ 33028	1.4 CITY	/-ST	-ZIP	ا الله الله الله الله الله الله الله ال	
TITLE	1150 . 6 . 1	☐ DELETE	2.1 TITL	E			
NAME	US Promie li, Lydia		2.2 NAM	Æ		-06/09/0001008021	
STREET ADDRESS	1318 NM 130AU	Ane	2.3 STR	EET.	ADDRESS	****150.00 ****150.00	
CITY-ST-ZIP	Penboke line,	Fr 33028	2.4 CIT	Y-ST	T-ZIP		
TITLE	i	☐ DELETE	3.1 TTTL	E		☐ Change ☐ Addition	
NAME			3.2 NAM	Æ			
STREET ADDRESS			3.3 STR	EET	ADDRESS		
CITY-ST-ZIP			3.4. CFT	Y-ST	r-ZIP		
TITLE	·	☐ DELETE	4.1 ΠTL	Ē		☐ Change ☐ Addition	
NAME			4. 2 NA	ΜE			
STREET ADDRESS	}		4.3 STR	EFT.	ADDRESS		
CITY-ST-ZIP			4.4 CITY	/-ST	-ZIP		
τιτ∖E	l	☐ DELETE	5.1 TITL	E	- 1	☐ Change ☐ Addition	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or or plan attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

62 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 450 8672

Change

Addition