

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000067038

1. Entity Name
INITIAL REACTION INVESTMENTS, INC.



FILED
Mar 03, 2005 08:00 AM
Secretary of State

Principal Place of Business
**7145 S.W. 42ND TERRACE
MIAMI, FL 33155**

Mailing Address
**7145 S.W. 42ND TERRACE
MIAMI, FL 33155**



DO NOT WRITE IN THIS SPACE

03012005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0939425

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ARAZOZA, COMAS, DE TORRES P.A.
2100 SALZEDO STREET
SUITE 300
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

U00000249823
03/03/05-80019-006 150.00

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FERNANDEZ-FRAGA, ALFONSO
STREET ADDRESS	7145 SW 42ND TERRACE
CITY- ST- ZIP	MIAMI, FL 33155
TITLE	T
NAME	FERNANDEZ-FRAGA, ANA
STREET ADDRESS	7145 SW 42ND TERRACE
CITY- ST- ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Alfonso Fernandez-Fraga
President

01 MAR 05 (305) 669-9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #