

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P990000767670
 1. Entry Name
First Advanced Investments



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amendment
24000437

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1299

2. Principal Place of Business
420 N 4th Street
 Suite, Apt. #, etc.

3. Mailing Address
1075 Silver Bell Street
 Suite, Apt. #, etc.

*City & State
Fort Myers FL

City & State
Hollywood FL

Zip
33462

Country
FL

Zip
33019

Country
FL

4. FEI Number
65-096-878

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
Paul Parisi

Street Address (P.O. Box Number is Not Acceptable)
2446 Coral Trace Place

City
Delray Beach FL

Zip Code
33445

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] 12/4/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE P	President Paul A. Parisi	TITLE NAME	01/09/04 90068 014 \$61.25
STREET ADDRESS	2446 Coral Trace Place	STREET ADDRESS	800029485478
CITY-ST-ZIP	Delray Beach FL 33445	CITY-ST-ZIP	02/27/04--01006--002 ***88.75
TITLE VP	Azra Dabach	TITLE NAME	
STREET ADDRESS	1075 Silver Bell Street	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33019	CITY-ST-ZIP	
TITLE S	Belle Dabach	TITLE NAME	
STREET ADDRESS	1075 Silver Bell Street	STREET ADDRESS	
CITY-ST-ZIP	Hollywood, FL 33019	CITY-ST-ZIP	
TITLE T	Theodora S. Parisi	TITLE NAME	
STREET ADDRESS	2446 Coral Trace Place	STREET ADDRESS	
CITY-ST-ZIP	Delray Beach, FL 33445	CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 12/04/03 (561) 305-3331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #