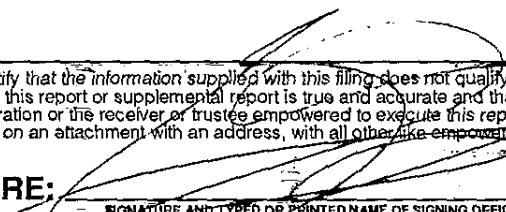


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000109101 1. Entity Name INVESTUS CORP.					
Principal Place of Business 717 PONCE DE LEON BLVD STE 234 CORAL GABLES FL 33134			Mailing Address 717 PONCE DE LEON BLVD STE 234 CORAL GABLES FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E034 (10/04)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0994892		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent FABRE, FRANK R.S. ESQ 6745 SW 132ND AVE 304 MIAMI FL 33183-2387	
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, 2005 Fee Will Be \$550.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LLANO, MARIA T 13045 SW 68ST APT 101 MIAMI FL 33183	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CASO, JUAN J 13045 SW 68ST APT 101 MIAMI FL 33183	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASO, ALFONSO 13045 SW 68ST APT 101 MIAMI FL 33183	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FABRE, FRANK R.S. 717 PONCE DE LEON BLVD STE 234 CORAL GABLES FL 33134	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOYA, ARMANDO 6745 SW 132ND AVE 304 MIAMI FL 33183-2387	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete			
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Frank R.S. Fabre 4/26/05 305-444-3261					