

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90001 041 ***150.00

DOCUMENT # S46691

1. Entity Name

INVESTMENTS B 20 CORPORATION



Principal Place of Business

% LEOPOLDO GOMEZ
245 SE 1ST ST., STE. 430
MIAMI, FL 33131

Mailing Address

% LEOPOLDO GOMEZ
245 SE 1ST ST., STE. 430
MIAMI, FL 33131

54057885



06122004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0295043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOMEZ, LEOPOLDO
245 S.E. 1ST ST.
SUITE 405
MIAMI, FL 33131

**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)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOMEZ, LEOPOLDO
STREET ADDRESS	245 S.E. 1 ST., STE 405
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-12-04 (305) 5794727

Attachment
Doc. S 46691

24057885-

6-12-04

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

RE: INVESTMENTS B30 CORPORATION
S 46691

SIRS:

UNFORTUNATELY WE HAVE NOT RECEIVED
DOCUMENTS TO PAID ON TIME OUR
ANNUAL REPORT.

ATTACHED ON 6/17/00 IN THE AMOUNT OF
\$150.00 TO COVER THE ANNUAL FEE.

OUR COMPANY ALWAYS PAID ON TIME, YOU
CAN CHECK OUR RECORDS.

PLEASE. NO APOLOGIZE FOR THE INCONVENIENCE

CORDIALLY

L. GOMEZ, DIRECTOR

