


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90001 029 \*\*\*150.00

<b>DOCUMENT # V10393</b> 1. Entity Name NORTH AMERICA INVESTMENTS, INC.	
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Principal Place of Business 4099 TAMiami TRAIL NORTH SUITE 400 NAPLES, FL 34103 US	Mailing Address C/O DAVID G. BUDD 3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103 US
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V I O I O I N N

**DO NOT WRITE IN THIS SPACE**



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0309630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

STARMAN, SHELDON W.  
4099 TAMiami TRAIL NORTH  
SUITE 400  
NAPLES, FL 34103

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT STARMAN, SHELDON W. 4099 TAMiami TRAIL N. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BUDD, DAVID G 3033 RIVIERA DRIVE, SUITE 201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUSTEROV, RISTE 3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TUPAROV, GLIGOR 3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVS VLASHO, LOU 3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *David G. Budd* **3/31/04** **(239) 263-7700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DAVID G. BUDD, ASSISTANT SECRETARY