

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # V10393

1. Entity Name
NORTH AMERICA INVESTMENTS, INC.



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



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0309630

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 \$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

000000244681
02/26/05-80028-020 158.75

10. OFFICERS AND DIRECTORS

TITLE AT
NAME STARMAN, SHELDON W.
STREET ADDRESS 4099 TAMiami TRAIL N.
CITY-ST-ZIP NAPLES, FL 34103

TITLE AS
NAME BUDD, DAVID G
STREET ADDRESS 3033 RIVIERA DRIVE, SUITE 201
CITY-ST-ZIP NAPLES, FL 34103

TITLE PD
NAME GUSTEROV, RISTE
STREET ADDRESS 3033 RIVIERA DRIVE STE 201
CITY-ST-ZIP NAPLES, FL 34103

TITLE VT
NAME TUPAROV, GLIGOR
STREET ADDRESS 3033 RIVIERA DRIVE STE 201
CITY-ST-ZIP NAPLES, FL 34103

TITLE AVS
NAME VLASHO, LOU
STREET ADDRESS 3033 RIVIERA DRIVE STE 201
CITY-ST-ZIP NAPLES, FL 34103

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)(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 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

2/24/05

Date

(239) 263-7700

Daytime Phone #

DAVID G. BUDD, ASSISTANT SECRETARY