


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90049 001 ***150.00
 02-02-2004 90049 002 *****8.75

DOCUMENT # V41108

1. Entity Name
 SOUTH FLORIDA INVESTMENTS PROPERTIES, INC.



Principal Place of Business
 1643 BRICKELL AVE.
 APT. #4702
 MIAMI, FL 33129 US

Mailing Address
 1643 BRICKELL AVE.
 APT. #4702
 MIAMI, FL 33129 US

66400570

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 7590 NW 186 Street
 Suite, Apt. #, etc.
 Suite 109
 City & State
 Miami, Fl.
 Zip Country
 33015 U.S.A.

01152004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
 MIAMI CORPORATE SYSTEMS, INC.
 283 CATALONIA AVE., 2ND FLOOR
 CORAL GABLES, FL 33134

4. FEI Number
 65-0370364

Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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	D RUIZ, EZEQUIEL 1643 BRICKELL AVE. #4702 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRIOS, CARMEN 1643 BRICKELL AVE. #4702 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SIERRA, PABLO A 1643 BRICKELL AVE. #4702 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ARDILA, PABLO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1643 Brickell Ave. #4702 Miami, Fl. 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS ARDILA, JAIME 1643 BRICKELL AVE. #4702 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JEREZ, HELLEN S 1643 BRICKELL AVE. #4702 MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIERRA, HELLEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1643 Brickell Ave. #4702 Miami, Fl. 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: PABLO ARDILA Jan. 15, 2004 786-313-0320
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #