2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE AND TYPED O

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DOCUMENT # P02000077568 1. Entity Name							Mar 31, 2006 08:00 AM Secretary of State				
INVESTION	GATION A	SSOCIATES, IN	C	•							
Principal Plai	Mailin	Mailing Address									
19286 DELAWARE CT				19286 DELAWARE CT							
BOCA RATON FL 33434			BOCA	BOCA RATON FL 33434							
2. Principal Place of Business			3. Mar	3. Mailing Address							angar ir (aw)
Suite, Apt. #, etc.			Sud	Suite, Apt. #, etc.				st MOORE	CR2E034	(10/05)	
City & State			City	City & State				55-079817	71	⊢	pplied For lot Applicable
Zip	Country		Zip	Zip Con		otry	5. Certificat	5. Certificate of Status Desired 58.75 Additional Fee Required			
6. Name and Address of Current R				d Agent	\		7. Name and Address of New Registered Agent				
00	ጣን ለ እፈላክ	HIEL ID				Name					
OYOLA, MANUEL JR 19286 DELAWARE CT BOCA RATON FL 33434						Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				City				Zip Coo	
						{ .	-		FL	<u>.</u> l	
8. The above the obliga	e named entity tions of regist	y submits this statemen ered agent.	it for the purp	ose of char	nging its register	ed office or registe	red agent, or b	oth, in the State of F	Florida. I am i	amiliar with.	, and accept
SIGNATURE	Signature byted	or privilud mirne of registered as		Le apin	NOTE Banciac	d Agent вкупакия годычег	function reinstational	·	DATE		
	-,	1 FEE IS \$150.00		linetics.	(NOVE HEGISTIC	a ngua agnading isopao	actor (actornaty)				
		6 Fee Will Be \$550				•		9. Election Camp Trust Fund Co			.00 May Be led to Fees
Make Chec	k Payable to	Florida Departmen	t of State					3317 476 00		Add	ed to rees
10.	100	OFFICERS A	ND DIRECTO		11.		ADDITIONS	S/CHANGES TO OF	FICERS AND		
TITLE NAVAE	OP CRUZ-LOP	EZ, HECTOR		☐ Dele	ele issli Nam	l.		U000004	18752A	☐ Change	Addition
STREET ADDRESS 921 ROBINS NEST RD						ET ADDRESS		U000004 04/13/06-9	ĬŎŎĠŌ ~01	7 158.1	00
CITY-ST-71P	BOCA RAT	ON FL 33496				- ST- ZTP					
TITLE	DST	AND FOUR		☐ Dela		ſ				☐ Change	Addition
NAME STREET ADDRESS	OYOLA, MA				nam Stre	ET ADORESS					
CHY 51-ZIP	1	ON FL 33434			•	ST-ZIP					
RECE				Dels	-1491-					Cicinge	☐ Addition
NAME STREET ADDRESS					NAM!	· •					
CITY-ST-ZIP	{				•	ELLADORESS -S7-ZIP					
IMLE	<u> </u>			☐ Dete					- 	☐ Change	[] Addition
NAME	1				HAM	E (_ ,	_
STREET ADDRESS CITY-ST-ZIP	}				5	et address - St- <i>zi</i> p					
BILE				☐ Octe						☐ Change	7 Addition
NAME	}			C Dese	MVM THE	}				Ti numba	C Augusti
STREET ADDRESS	}				B*	ET ADDRESS					
CITY-ST IIP						9/5-12-					
IVILE NAME				☐ Dele	te lijlê Name	ì				Charige	Addition
STHELT ADDRESS						EI ADDRESS					}
City-St-Zip	<u> </u>					SI-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report for 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 of 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 TYPE OF SIGNATURE O										4 oc	
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