


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90071 021 ***158.75

DOCUMENT # P00000105985
1. Entity Name
CAPITAL INVESTMENT REALTYGROBP, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8001 NW 36 Street Suite, Apt. #, etc. Suite 112 City & State MIAMI, FLORIDA		3. Mailing Address 8001 NW 36 Street Suite, Apt. #, etc. Suite 112 City & State MIAMI, FLORIDA	
Zip 33166	Country USA	Zip 33166	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 651060282		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent

Name
MIGUEL ASENCIO

Street Address (P.O. Box Number is Not Acceptable)
***) 8001 NW 36 Street**
Suite 112

City
Miami FL Zip Code
33166

**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.

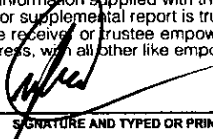
SIGNATURE  **Miguel Asencio** DATE **1/6/2003**

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

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIGUEL A. ASENCIO 8001 NW 36 Street, #112 MIAMI, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Miguel A. Asencio** DATE **1/6/2003** DAYTIME PHONE # **(305) 392-2966**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)