


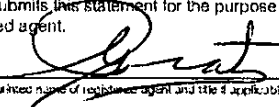
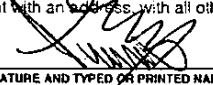
**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90002 045 \*\*\*158.75

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<b>DOCUMENT # P04000117498</b>			
1. Entity Name HABITAT REALTY INVESTMENT, INC.			
Principal Place of Business 168 S.E. 1ST STREET SUITE 1006 MIAMI, FL 33131		Mailing Address 168 S.E. 1ST STREET SUITE 1006 MIAMI, FL 33131	
2. Principal Place of Business 2121 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 240 City & State CORAL GABLES, FLORIDA Zip 33134		3. Mailing Address 2121 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 240 City & State CORAL GABLES, FLORIDA Zip 33134	
01042005		Chg-P	CR2E034 (10/03)
4. FEI Number 20-1486184		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHAPA, OSCAR 168 S.E. 1ST STREET SUITE 1006 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name PRATS, GABRIEL Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD SUITE 240 City CORAL GABLES FL Zip Code 33134	
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 01/05/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P, D SOUSA, VIRGINIA 168 S.E. 1ST STREET #1006 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SOUSA, VIRGINIA 2121 PONCE DE LEON BLVD. N. 240 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D SOUSA, LUIS M 168 S.E. 1ST. STREET #1006 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOUSA, LUIS M. 2121 PONCE DE LEON BLVD. N. 240 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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		01/05/05 Date	305-444-9333 Daytime Phone #