


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90010 036 ***150.00

DOCUMENT # P97000088883

1. Entity Name
FLORIDA INVESTORS GROUP REALTY, INC.



Principal Place of Business 8550 NW 33 ST 200 MIAMI, FL 33122	Mailing Address 441 S.E. 4 STREET POMPANO BEACH, FL 33060
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2. Principal Place of Business 5835 BLUE LAGOON DRIVE Suite, Apt. #, etc. 200	3. Mailing Address 5835 BLUE LAGOON DRIVE Suite, Apt. #, etc. 200
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City & State MIAMI, FL	City & State MIAMI, FL
Zip 33126	Country USA
Zip 33126	Country USA



03012004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0790638	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIGUERAS, JUAN C 441 SE 4 STREET POMPANO BEACH, FL 33060	
7. Name and Address of New Registered Agent Name FIGUERAS, JUAN C Street Address (P.O. Box Number is Not Acceptable) 12901 SW 69 AVE City MIAMI FL Zip Code 33156	

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: **3/1/04**

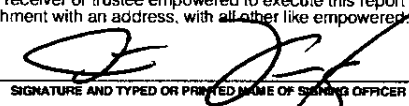
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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	PVST FIGUERAS, JUAN C 441 S.E. 4 STREET POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FIGUERAS, JUAN C. 12901 SW 69 AVE MIAMI, FL 33156-6262 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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:  DATE: **3/1/04** (305) 262-9619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR