


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90013 011 ***150.00

DOCUMENT # 528838

1. Entity Name
 ROSS REALTY INVESTMENTS, INC.



Principal Place of Business
 3325 S UNIVERSITY DRIVE
 210
 DAVIE, FL 33328-2120 US

Mailing Address
 3325 SOUTH UNIVERSITY DRIVE, 2ND FLOOR
 DAVIE, FL 33328-2020

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01192006 Chg-P CR2E034 (11/05)

4. FEI Number
 59-1739461

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSS, BARRY
 3325 SOUTH UNIVERSITY DRIVE, 2ND FLOOR
 DAVIE, FL 33328-2020

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROSS, BARRY	
STREET ADDRESS	3604 N. 52ND AVE	3325 So. University
CITY - ST - ZIP	HOLLYWOOD, FL	DAVIE, FL 33328
TITLE	ST	<input type="checkbox"/> Delete
NAME	ROSS, DIANE	
STREET ADDRESS	3691 N. 52ND AVE	3325 So. University
CITY - ST - ZIP	HOLLYWOOD, FL	DAVIE, FL 33328
TITLE	VP	<input type="checkbox"/> Delete
NAME	COHEN, HAL J.	
STREET ADDRESS	5304 CLEVELAND STREET	3325 University Drive
CITY - ST - ZIP	HOLLYWOOD, FL	Suite 210 DAVIE FL 33328
TITLE	VLP VP	<input type="checkbox"/> Delete
NAME	REISS, ADAM J	
STREET ADDRESS	3325 S UNIVERSITY DR., 210	
CITY - ST - ZIP	DAVIE, FL 33328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ **3-10-06** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #