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Jul 20, 2005 8:00 am
Secretary of State
07-20-2005 90029 009 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H36833

1. Entity Name
MASTER REALTY INVESTMENTS, INC.

50056455

Principal Place of Business	Mailing Address
2699 COLLINS AVENUE SUITE105 MIAMI BEACH, FL 33140 US	2699 COLLINS AVENUE SUITE 105 MIAMI BEACH, FL 33140 US

07122005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2491128
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GALANO, AUGUSTO A.
2699 COLLINS AVENUE
SUITE 105
MIAMI BEACH, FL 33140

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	GALANO, AUGUSTO A.
STREET ADDRESS	2699 COLLINS AVENUE # 105
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	D
NAME	GALANO, AUGUSTO A.
STREET ADDRESS	2699 COLLINS AVENUE #105
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	VP
NAME	GALANO, NOEMI
STREET ADDRESS	2699 COLLINS AVE #105
CITY-ST-ZIP	MIAMI, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Augusto A. Galano July 13/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #