2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State
01-11-2008 90030 029 ***150.00

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DOCUMENT # H36833

1. Entity Name
MASTER REALTY INVESTMENTS, INC.

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

01052008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1108 KANE CONCOURSE 96 ST	2655 COLLINS AVE
Suite, Apt. #, etc.: 225	Suite, Apt. #, etc.: 807
City & State: BAY HARBOR ISLANDS, FL	City & State: MIAMI BEACH, FL
Zip: 33154 Country: MIAMI DADE	Zip: 33140 Country: MIAMI DADE

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	7. Name and Address of New Registered Agent
GALANO, AUGUSTO A. 2699 COLLINS AVENUE SUITE 105 MIAMI BEACH, FL 33140	Name: AUGUSTO A. GALANO Street Address (P.O. Box Number is Not Acceptable): 1108 KANE CONCOURSE 96 STREET. SUITE 225 City: BAY HARBOR ISLANDS FL Zip Code: 33154

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	PST GALANO, AUGUSTO A. 2699 COLLINS AVENUE # 105 MIAMI BEACH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST GALANO, Augusto A. 2655 COLLINS AVE #807 MIAMI BEACH, FL 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALANO, AUGUSTO A. 2699 COLLINS AVENUE #105 MIAMI BEACH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Augusto A. Galano 2655 COLLINS AVE #807 MIAMI BEACH, FL 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GALANO, NOEMI 2699 COLLINS AVE #105 MIAMI, FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP. GALANO, NOEMI 2655 COLLINS AVE # 807 MIAMI BEACH, FL 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Augusto A. Galano. PRES. JAN 7/2008 305-532-2909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #