2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J47427

1. Entity Name
OFALDI INTERNATIONAL REALTY, INC.

Principal Place of Business	Mailing Address
2699 COLLINS AVE., SUITE 143 MIAMI BEACH, FL 33140	2699 COLLINS AVE., SUITE 143 MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

04172004   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0340958	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

MASSA, SERGIO
8347 S.W. 40TH ST.
MIAMI, FL 33155

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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 _____

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

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	U00000122139 04/21/04-80017-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BENDEZU, VICTOR M.
STREET ADDRESS	2699 COLLINS AVE. #143
CITY-ST-ZIP	MIAMI BEACH, FL 33140

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ VICTOR M. BENDEZU 04-17-04 305-5324475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #