

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # J52721 1. Entity Name AMERICA REALTY ADVISORS INC.					
Principal Place of Business 100 ALMERIA AVENUE STE # 206 CORAL GABLES FL 33134			Mailing Address 100 ALMERIA AVENUE STE # 206 CORAL GABLES FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
6. Name and Address of Current Registered Agent ARELLANO-LAMAR, PEDRO 100 ALMERIA AVE SUITE 206 CORAL GABLES FL 33134 Name Street Address (P.O. Box Number is Not Acceptable) City					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City					
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 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 SPD ARELLANO-LAMAR, PEDRO 100 ALMERIA AVE, SUITE 206 CORAL GABLES FL 33134 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP _____ ☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY - ST - ZIP _____ ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP _____ ☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY - ST - ZIP _____ ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP _____ ☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY - ST - ZIP _____ ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP _____ ☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY - ST - ZIP _____ ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP _____ ☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY - ST - ZIP _____ ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP _____ ☐ Change ☐ Add		



1st MOORE CR2E034 (10/04)

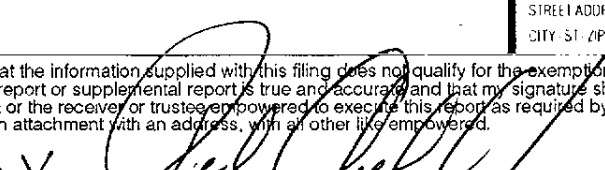
4. FEI Number **65-0033616** Applied For Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

U00000335755
04/27/05-80100-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

426-05 305-476-9933
 Date Daytime Phone #