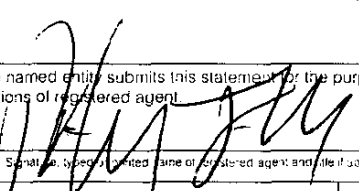
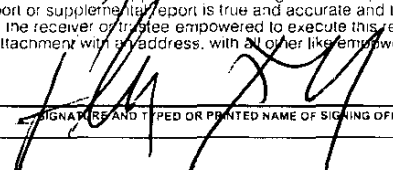


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90023 013 ***158.75

DOCUMENT # K66807 1. Entity Name AMERICAN VENTURES REALTY INVESTORS, INC.					
Principal Place of Business 255 ALHAMBRA CIRCLE #1100 CORAL GABLES, FL 33134 US			Mailing Address 255 ALHAMBRA CIRCLE #1100 CORAL GABLES, FL 33134 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0371176	
5. Certificate of Status Desired ☒				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ARCIA, AGNES 255 ALHAMBRA CIRCLE #1100 CORAL GABLES, FL 33134					
7. Name and Address of New Registered Agent Name Philip F. Blumberg Street Address (P.O. Box Number is Not Acceptable) 255 Alhambra Circle, Suite 1100 City Coral Gables FL Zip Code 33134					
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  4/30/07 Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when re-stating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Delete BLUMBERG, PHILIP F. 255 ALHAMBRA CIRCLE #1100 CORAL GABLES, FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ☒ Delete ARCIA, AGNES M 255 ALHAMBRA CIR S #1100 CORAL GABLES, FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☒ Delete HYATT, CHRISTOPHER 255 ALHAMBRA CIRCLE S #1100 MIAMI, FL 33134				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition					
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: 				4/30/07 305-569-9500 Date Daytime Phone #	