UN	DO3 FOR PROF	SS REPOR		FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91436 026 ***150.00
1. Entity Name I.R.E. REAL ESTATE INVESTMENTS, INC.				05-05-2003 91436 026 ***150.00
Principal Place of Business       Mailing Address         P.O. BOX 5403       P.O. BOX 5403         FT. LAUDERDALE FL 33310       FT. LAUDERDALE FL 33310			0	
2. Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	·······	CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-0107830 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired  Status Desir
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent
LEVAN, ALAN B. 1750 E. SUNRISE BLVD., 3RD FLOOR FT. LAUDERDALE FL 33304			Street Addres	s (P.O. Box Number is Not Acceptable)
			City	Zip Code
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE				
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	<u></u>	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVAN, ALAN B. PO BOX 5403 FT. LAUDERDALE FL 33310	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS	VST GILBERT, GLEN R. PO BOX 5403	Delete	TITLE NAME STREET ADDRESS	Change 🗍 Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	FT. LAUDERDALE FL 33310	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change 🗍 Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change 🗌 Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 🗋 Addition
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empore , or on an attachment with an address, v	true and accurate and that m wered to execute this report i with all other like empowered.	ny signature shall have the as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if
SIGNATURE: SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DATE OF DIRECTOR DATE OF DIRECTOR DATE Date Date Date Date Date Date Date Date				