


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90031 032 \*\*\*158.75

<b>DOCUMENT # L33888</b> 1. Entity Name <b>TREBOR REALTY INVESTMENTS, INC.</b>			
Principal Place of Business <b>C/O ROBERT LESSER 1000 LAFAYETTE BLVD BRIDGEPORT, CT 06604</b>		Mailing Address <b>C/O ROBERT LESSER 1000 LAFAYETTE BLVD BRIDGEPORT, CT 06604</b>	
2. Principal Place of Business - No P.O. Box # <b>c/o Robert Lesser</b>		3. Mailing Address <b>c/o Robert Lesser</b>	
Suite, Apt. #, etc. <b>3 Pink Cloud Ln.</b>		Suite, Apt. #, etc. <b>3 Pink Cloud Ln.</b>	
City & State <b>Weston CT</b>		City & State <b>Weston CT</b>	
Zip <b>06883</b>	Country	Zip <b>06883</b>	Country
4. FEI Number <b>06-1284732</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>H3 MANAGEMENT L.L.C 5317 FRUITVILLE RD #205 SARASOTA, FL 34232</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____		01/10/2008 DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DPT</b>	NAME <b>LESSER, ROBERT K.</b>	TITLE <b>DPT</b>	NAME <b>Lesser, Robert K.</b>
STREET ADDRESS <b>178 JACKMAN AVE.</b>	CITY-ST-ZIP <b>FAIRFIELD, CT</b>	STREET ADDRESS <b>3 Pink Cloud Ln.</b>	CITY-ST-ZIP <b>Weston, CT 06883</b>
TITLE <b>DS</b>	NAME <b>LESSER, LOIS H.</b>	TITLE <b>DS</b>	NAME <b>Lesser, Lois H.</b>
STREET ADDRESS <b>178 JACKMAN AVE.</b>	CITY-ST-ZIP <b>FAIRFIELD, CT</b>	STREET ADDRESS <b>3 Pink Cloud Ln.</b>	CITY-ST-ZIP <b>Weston, CT 06883</b>
TITLE <b> </b>	NAME <b> </b>	TITLE <b> </b>	NAME <b> </b>
STREET ADDRESS <b> </b>	CITY-ST-ZIP <b> </b>	STREET ADDRESS <b> </b>	CITY-ST-ZIP <b> </b>
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STREET ADDRESS <b> </b>	CITY-ST-ZIP <b> </b>	STREET ADDRESS <b> </b>	CITY-ST-ZIP <b> </b>
TITLE <b> </b>	NAME <b> </b>	TITLE <b> </b>	NAME <b> </b>
STREET ADDRESS <b> </b>	CITY-ST-ZIP <b> </b>	STREET ADDRESS <b> </b>	CITY-ST-ZIP <b> </b>
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: _____		01/10/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	