## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT # M53321** 

## **FILED** May 08, 2008 8:00 am Secretary of State 05-08-2008 90024 043 \*\*\*550.00

1. Entity Name INTERNATIONAL REALTY HOLDING CORP.							
Principal Place of Business 121 ALHAMBRA PLAZA 15TH FLOOR MIAMI, FL 33134 US			Mailing Address 121 ALHAMBRA PLAZA 15TH FLOOR MIAMI, FL 33134 US				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		05052008 Chg-P CR2E034 (12/06)		
City & State			City & State		4. FEI Number Applied For 59-2813566 Not Applicable		
Zip Country		Zip Country		Certificate of Status Desired			
6. Name and Address of Current Regi					7. Name and Address of New Registered Agent		
				Name			
VALENTE, LUIS A 121 ALHAMBRA PLAZA 15TH FLOOR				Street A	Street Address (P.O. Box Number is Not Acceptable)		
MIAMI, FL 33134				City	FL Zip Code		
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							
			1				
FILE NOW!!! FEE IS \$550.00  Due by September 12, 2008  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution.  Added to Fees							
10.		OFFICERS AND DIF		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		IAMI, XEDetete 331	4	PD Change Addition		
NAME STREET ADDRESS	VALDES, ALBERTO			NAME STREET ADDRESS	Jose Valdes-Fauli 121 ALHAMBRA PLAZA, PENTHOUSE 2		
CITY-ST-ZIP			JSE 2	CITY-ST-ZIP	MIAMI, FL 33134		
TITLE	\$D	01111150110	🔀 Delete	TITLE	SD Crange Addition		
NAME CIDECT ADDRESS	1	, GUILLERMO MBBA DI AZA 16TU ELO	OB	NAME STREET ADDRESS	Ricardo Perez Reinaldo		
STREET ADDRESS CITY+ST-ZIP	MIAMI, FL	MBRA PLAZA, 15TH FLO - 33134		CITY-ST-ZIP	121 ALHAMBRA PLAZA, PENTHOUSE 2		
TITLE	TD	AO ALBA	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME STREET ADDRESS	PRESTAN	MO, ALBA MBRA PLAZA, 15TH FLO	OR	NAME STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL	_		CITY-ST-ZIP			
TITLE			☐ Delete	TITLE	Change Addition		
NAME				NAME			
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
TITLE			☐ Defele	TITLE	☐ Change ☐ Addition		
NAME				NAME	•		
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CHY-ST-ZIP			
TITLE			☐ Delete	TITLE	☐ Change ☐ Addition		
NAME				NAME			
STREET ADORESS					1 I		
CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			

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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/08

(305) 459 8456