2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: =

	ANNUAL	REPORT ·		_	
DOCUMENT # P0000013701 1. Entity Name NATION'S REALTY INTERNATIONAL GROUP, INC.				£ (17)	-
				05 MAY -2 Millo:	05
Principal Place 1800 SW 27 SUITE-502 MIAMI, FL 33	AVE	Mailing Address 1 2074 SW 125 ST MIAMI, FL 33186 -			
2. Principal P	Place of Business	3. Mailing Address	77th Terr		
Suite Apr. #, etc 207		Suite, Apt. #, etc.		04292005 Chg-P C	R2E034 (10/03)
City & Stati	6	City & State	Florido	4. FEI Number 65-1012930	Applied For Not Applicable
Zip	Country	33186	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Nama	7. Name and Address of New Regis	tered Agent
SANCHEZ MARIO JR					
12074 SW 125 SI Street Address				(P.O. Box Number is Not Acceptable)	
MIAMI, FE 33186				SU) 97th Terr	
			City	<u> </u>	FI Zie Code 1
			MIC	1411	FL 33186
8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature hyped or printed name of registered agent and title If applicable. (NOVE. (Substered Agent signature required when reinstating) DATE					
9. Election Campaign Financing \$5.00 May Be					
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICER	
TITLE NAME	PS SANCHEZ, MARIO JR	☐ Delete	TITLE NAME		Change
STREET ADDRESS	12074 SW 125 ST		STREET ADDRESS 121	205W 97th Terr ami, Fl 33186	
CITY-ST-ZIP	MIAMI, FL 33186.		CITY-ST-ZIP Mi	<u>ami, Fl 33186</u>	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP					
TITLE			CITY-ST-ZIP		
IIILE		☐ Delete	CITY-ST-ZIP		☐ Change ☐ Addition
NAME		☐ Delete	TITLE NAME	30005467	
		☐ Delete	TITLE	30005467 05/17/0501028	
NAME STREET ADDRESS			TITLE NAME STREET ADDRESS	30005467 05/17/0501028	71773 014 **600.00
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 112. I hereby of	certify that the information supplied with	☐ Delete ☐ Delete ☐ Delete ☐ this filling does not qualify to	TITLE NAME STREET ADDRESS CITY-ST-ZIP TO NAME STREET ADDRESS CITY-ST-ZIP THO EXEMPTION STATED IN SE	30005467 05/17/0501028	TITTED O14 **600.00 Change Addition Change Addition Change Addition

Daytime Phone #