


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90037 039 \*\*\*150.00

**DOCUMENT # P0000061088**

1. Entity Name  
**INFINITY REALTY, INC.**



Principal Place of Business  
**3233 BRIAR WAY**  
**APOPKA, FL 32703**

Mailing Address  
**3233 BRIAR WAY**  
**APOPKA, FL 32703**

40010480

2. Principal Place of Business - No P.O. Box #  
**2671 Jennifer Hope Blvd**

3. Mailing Address  
**2671 Jennifer Hope Blvd**

Suite, Apt. #, etc.



02022007 Chg-P- CR2E034 (12/06)

City & State  
**Longwood, FL**

City & State  
**Longwood, FL**

Zip  
**32779** Country  
**U.S.A.**

Zip  
**32779** Country  
**U.S.A.**

4. FEI Number  
**59-3652875**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PERALES, MARIA**  
**3233 BRIAR WAY**  
**APOPKA, FL 32703**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 *Maria Peralas* DATE 2/1/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PERALES, MARIA</b> <b>3233 BRIAR WAY</b> <b>APOPKA, FL 32703</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Maria Peralas* DATE 2/1/07 407 862 9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #