

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90083 016 ***150.00

DOCUMENT # P00000108379

1. Entity Name
MASTER INTERNATIONAL REALTY, INC.



Principal Place of Business
**16830 COLLINS AVE.
SUNNY ISLES, FL 33160**

Mailing Address
**16830 COLLINS AVE.
SUNNY ISLES, FL 33160**



04222005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1059865 Applied For
Not Applicable

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SILVO, HAROLDO 7000 ISLAND BLVD. APT. 1401 AVENTURA, FL 33160		Name Silva, Haroldo S. Street Address (P.O. Box Number is Not Acceptable) 16711 Collins Ave. Apt. 807 City Sunny Isles Beach FL Zip Code 33160	

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 **Haroldo S. Silva** **4/26/05**
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 -
After May 1, 2005 Fee will be \$650.00

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	PD SILVA, HAROLDO 7000 ISLAND BLVD., #1401 AVENTURA, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Silva, Haroldo S. 16711 Collins Ave. Apt. 807 Sunny Isles Beach, FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOBERNA, MANUEL J 13441 SW 53 STREET MIAMI, FL 33174 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE: **Haroldo S. Silva** **4/26/05 (305) 945-2006**
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #