

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90080 049 ***150.00

DOCUMENT # P01000034687 1. Entity Name ESTIN REALTY & INVESTMENT, INC.			
Principal Place of Business 604 A NORTH FEDERAL HWY. BOYNTON BEACH, FL 33435		Mailing Address 604 A NORTH FEDERAL HWY. BOYNTON BEACH, FL 33435	
2. Principal Place of Business - No P.O. Box # 3572 LANTANA RD		3. Mailing Address 3572 LANTANA RD	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State LANTANA, FL		City & State LANTANA, FL	
Zip 33462		Zip 33462	
Country PALMBEACH		Country PALMBEACH	
4. FEI Number 52-2306294		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ESTIN, WANEL 604 A N FEDERAL HWY BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent Name ESTIN, WANEL Street Address (P.O. Box Number is Not Acceptable) 3572 LANTANA RD City LANTANA FL Zip Code 33462	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	NAME ESTIN, WANEL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 604 A NORTH FEDERAL HWY.	CITY-ST-ZIP BOYNTON BEACH, FL 33435	3572 LANTANA RD LANTANA, FL 33462	
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		
TITLE 	NAME 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		3/7/07 561-296-3556	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	