


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90013 026 ***150.00

DOCUMENT # P01000060798
 1. Entity Name
BEAUTIFUL INVESTMENTS REALTY, INC.



Principal Place of Business Mailing Address
601 CAMP MILTON LN **601 CAMP MILTON LN**
JACKSONVILLE, FL 32220 **JACKSONVILLE, FL 32220**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5565 Lenox Ave. **P.O. Box 6953**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jacksonville, FL **Jacksonville, FL**
 Zip Zip Country Country
32210 **32236** **USA** **USA**

40108175



04262007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3726665 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MEDEIROS, ROBIN S
601 CAMP MILTON LN
JACKSONVILLE, FL 32220

7. Name and Address of New Registered Agent
 Name **Aires M. medeiros**
 Street Address (P.O. Box Number is Not Acceptable)
5565 Lenox Avenue.
 City **Jacksonville** **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  **Aires M. Medeiros** **4/26/07**
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, 2007 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	MEDEIROS, ROBIN S	
STREET ADDRESS	601 CAMP MILTON LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32220	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aires m. medeiros	
STREET ADDRESS	P.O. Box 6953	
CITY-ST-ZIP	JACKSONVILLE, FL 32236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:  **Medeiros, Aires** **4/26/07** **9042412533**
Signature and typed or printed name of signing officer or director Date Daytime Phone #