



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90735 025 ***150.00

DOCUMENT # P01000095131 1. Entity Name UNITRUST REALTY & INVESTMENT, CORP.					
Principal Place of Business 5445 COLLINS AVE SUITE CU 4A #3 MIAMI BEACH, FL 33140			Mailing Address 5445 COLLINS AVE SUITE CU 4A #3 MIAMI BEACH, FL 33140		
2. Principal Place of Business 5445 Collins Ave Suite, Apt. #, etc. CU 4A		3. Mailing Address 5445 Collins Ave Suite, Apt. #, etc. CU 4A			
City & State Miami Beach FL		City & State Miami Beach FL		4. FEI Number 65-1140657	
Zip 33140		Country 33140		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALDES, JULIO 5445 COLLINS AVE SUITE CU 4A #3 MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent Name Valdes, Julio Street Address (P.O. Box Number is Not Acceptable) 5445 Collins Ave Suite CU 4A City Miami Beach FL Zip Code 33140	
8. The above named entity submits the 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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PD VALDES, JULIO 5445 COLLINS AVE SUITE CU 4A #3 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Valdes, Julio 5445 Collins Ave Suite CU 4A Miami Beach FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOBERNA, MANUEL J 5445 COLLINS AVE SUITE CU 4A #3 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Goberna, Manuel J 5445 Collins Ave Suite CU 4A Miami Beach FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					