2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address

SIGNATURE:

all other like empowered.

ED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 07, 2005 08:00 AM Secretary of State DOCUMENT # P01000110139 1. Entity Name ZACARIAS REAL ESTATE INVESTMENTS, INC. Principal Place of Business Mailing Address 11919 SW 130TH STREET MIAMI FL 33186 11919 SW 130TH STREET MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-1153360 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOLARES, M LOURDES Street Address (P.O. Box Number is Not Acceptable) 11919 SW 130 ST **STE 100 MIAMI FL 33186** City 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 (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. ☐ Change Addition IIILE D ☐ Delete 100.6 SOLARES, MANUEL Z NAME NAME STREET ADDRESS 11919 SW 130TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY ST-ZIP U00000255245 ☐ Change Addition TITLE ☐ Delete 03/08/05-80003-008 200.00 NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST ZIP Addition ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition | Trite ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY SI-ZIP Change Addition ☐ Delete TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition DILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 ergod to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empo

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