2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Aug 30, 2007 08:00 A Secretary of State DOCUMENT # P02000083825 1. Entity Namo L.E.R. REAL ESTATE INVESTMENTS INC. Principal Place of Business Mailing Address 10075 NW 54 TERR 10075 NW 54 TERR **DORAL FL 33178 DORAL FL 33178** 2. Principal Placo of Businoss - No P.O. Box # 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 05-0524988 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, LUIS E 10075 NW 54 TERR DORAL FL 33178 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 8. The above named only 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 . Signature, typod or printed name of registered agent and fitte if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 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. TITLE ☐ Change ☐ Addition ☐ Delete ППГ RODRIGUEZ, LUIS E NAMI NAME 000000773065 08/30/07-80003-014 550.00 10075 NW 54 TERR STREET ADDRESS STREET ADDRESS **DORAL FL 33178** CITY-ST-71P CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP IIILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAM STREET ADDRESS STREET ADORESS CHY-S1-7IP CITY-S1-ZIP 11111 ☐ Dolete HILL Change Addition NAME. NAM STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1: 7IP INLE ☐ Delcle ☐ Change ___ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Detote TITLE ☐ Change NAME NAME

12. I heroby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-SI-ZIP

SIGNATURE: Muis C. ROCCIO LUIS E. RODRIGUEZ 08-27-07 305-431-4814