



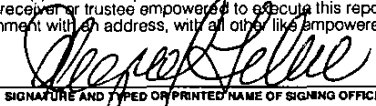
**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2005 8:00 am**  
**Secretary of State**

03-29-2005 90013 001 \*\*\*150.00

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DOCUMENT # P02000089373					
1. Entity Name GADIR REAL ESTATE INVESTMENTS INC.					
Principal Place of Business 260 CRANDON BLVD. STE. B-48 KEY BISCAZYNE, FL 33149		Mailing Address 260 CRANDON BLVD. STE. B-48 KEY BISCAZYNE, FL 33149			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 76-0709924	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		02282005 Chg-P CR2E034 (10/03)			
Not Applicable					
6. Name and Address of Current Registered Agent Salazar SALAZOR, LISETTE PIE P.A. 260 CRANDON BLVD. STE. B-48 KEY BISCAZYNE, FL 33149			7. Name and Address of New Registered Agent Name: Salazar, Lisette Pie, P.A. Street Address (P.O. Box Number is Not Acceptable): 260 Crandon Blvd., Ste. B-48 City: Key Biscayne FL Zip Code: 33149		
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:  DATE: 2/28/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE HIB, HAYAT NJAIM		NAME	De Lillue, Hayat Njaim	
STREET ADDRESS	C/O 1390 BRICKELL AVENUE		STREET ADDRESS	c/o 260 Crandon Blvd, #48	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NJAIM, CATHERINE		NAME	Njaim, Catherine Lillue	
STREET ADDRESS	C/O 1390 BRICKELL AVENUE		STREET ADDRESS	c/o 260 Crandon Blvd. #48	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSEN, MIGUEL		NAME	Gosen, Miguel Lillue	
STREET ADDRESS	C/O 1390 BRICKELL AVENUE		STREET ADDRESS	c/o 260 Crandon Blvd. #48	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.					
SIGNATURE: 		Date: 03-24-05		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	