


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000089373
1. Entity Name
GADIR REAL ESTATE INVESTMENTS INC.



Principal Place of Business 200 CRANDON BLVD. 311 KEY BISCAVNE, FL 33149	Mailing Address 200 CRANDON BLVD. 311 KEY BISCAVNE, FL 33149
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DO NOT WRITE IN THIS SPACE



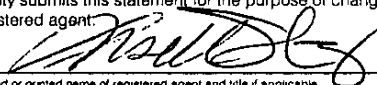
01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 76-0709924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SALAZAR, LISETTE PIE P.A.
200 CRANDON BLVD.
SUITE 311
KEY BISCAVNE, FL 33149**

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IN THIS SPACE**

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: **1-10-08**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LILU, HAYAT NJAIM 200 CRANDON BLVD., SUITE 311 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NJAIM, CATHERINE L 200 CRANDON BLVD., SUITE 311 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSEN, MIGUEL LILU 200 CRANDON BLVD., SUITE 311 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/18/08-80022-003 150.00

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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:  DATE: **1-10-08** DAYTIME PHONE #: **3053616161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR