2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT UBR

May 08, 2003 8:00 am Secretary of State **DOCUMENT #** P02000126816 04-21-2003 90395 044 ***150.00 1. Entity Name ALMA INVESTMENTS REALTY INC. Principal Place of Business Mailing Address 55038886 521 SW 107 AVE 521 SW 107 AVE MIAMI FL 33174 MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 06-166 Not Applicable 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 BANOS, MARIA Street Address (P.O. Box Number is Not Acceptable) 206 SW 104 CT **MIAMI FL 33174** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! PEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State . OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Delete TITLE NAME NAME BANOS, MARIA STREET ADDRESS 206 SW 104 CT STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP **MIAM! FL 33174** TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address with all other like empowered.

NAME

ំពារ ៩ NAME

TITLE

NAME STREET ANNAESS

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME : STREET ADDRESS

TITLE

NAME

TITLE

NAME

MLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

D:Delete

Delete

Delete

☐ Change

☐ Change

Change - - Addition

☐ Addition

Addition