

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 AUG -3 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03192003 Chg-P- CR2E034 (10/03)

DOCUMENT # P03000061894

1. Entity Name  
SHELBOURG REALTY INVESTMENT GROUP INC

Principal Place of Business  
11362 SW 184 ST., STE. 380  
MIAMI, FL 33157 US

Mailing Address  
11362 SW 184 ST., STE. 380  
MIAMI, FL 33157 US

2. Principal Place of Business  
3570 Main Hwy

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Coconut Grove, FL

City & State  
Zip  
33133 Country  
DADE

4. FFI Number  
30-0184321

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BUNYAN, JAMES  
11362 SW 184 ST., STE. 380  
MIAMI, FL 33157

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City, State, 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 *James J. Bay* DATE 08/04/04

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LENDERBORG, BRIGIDA 11362 SW 184 ST., STE. 380 MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	400037802244 Change <input type="checkbox"/> Addition 06/09/04--01058--005 **122.50
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD PUENTE, ANGEL 11362 SW 184 ST., STE. 380 MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP Trillo, Edduar 3570 MAIN HWY COCONUT GROVE, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD FUENTES, OLGA 11362 SW 184 ST., STE. 380 MIAMI, FL 33157 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD Narciso Montas 3570 MAIN HWY COCONUT GROVE, FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD BUNYAN, JAMES 11362 SW 184 ST., STE. 380 MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Brigida Lenderborg* DATE 5-24-04 DAYTIME PHONE # 305 3788877