

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90240 021 \*\*\*150.00

**DOCUMENT # P03000092810**

1. Entity Name  
**EPIC REALTY & INVESTMENTS, INC.**



Principal Place of Business  
**815 PONCE DE LEON BOULEVARD  
#200  
CORAL GABLES, FL 33134**

Mailing Address  
**540 BRICKELL KEY DRIVE  
#1718  
MIAMI, FL 33131**

00004330



2. Principal Place of Business

**540 Brickell Key Drive  
Suite, Apt. #, etc.  
1718**

3. Mailing Address

Suite, Apt. #, etc.

01102006 Chg-P CR2E034 (11/05)

City & State  
**Miami Florida**

City & State

4. FEI Number  
**20-0179497**

Applied For  
Not Applicable

Zip  
**33131**

Country  
**U.S.A**

Zip

Country

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

6. Name and Address of Current Registered Agent

**LAMADRID, JOSE  
540 BRICKELL KEY DRIVE  
#1718  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 re-registering)

DATE

**01/10/06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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

**PTD  
LAMADRID, JOSE  
540 BRICKELL KEY DRIVE #1718  
MIAMI, FL 33131**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01/10/06**

**786-287-0626**