2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2006 8:00 am Secretary of State

DOCUMENT # P04000082977 1. Entity Name INTERNATIONAL INVESTMENT REALTY CORP.					0-4	1-26-2006 901	90 006 ***150	0.00
Principal Place of Business 2828 CORAL WAY #100 MIAMI, FL 33145		Mailing Address 2828 CORAL WAY #100 MIAMI, FL 33145					IN TREATMY OF A	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01172006	Chg-P	CR2E034 (11/	05)
City & State		City & State		4. FEI Number 20-1241			Applied For	
Zip	Country	Zip	Zip Country		***	Status Desired	□ \$8.75	Additional
	6. Name and Address of Current I	Registered Agent			7. Name and A	ddress of New Re		-
LEON, CHIRLES Y 6941 CARLYLE AVE. #502 MIAMI BEACH, FL 33141				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 a	and title if applicable. (NOTE	: Registered	I Agent signature requir	red when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campai Trust Fund Conti			5.00 May Be		·····	-
10.	OFFICERS AND I		11.		ADDITIONS/C	HANGES TO OFFIC		
NAME STREET ADDRESS CITY-ST-ZIP	P LEON, CHIRLES Y 6941 CARLYLE AVE. #502 MIAMI BEACH, FL 33141	☐ Delete		L			☐ Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D'OTTONE, LUCA 251 GELEN DR., #305E KEY BISCAYNE, FL 33149	☐ Delete					☐ Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete					☐ Cha	nge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Cha	nge 🔲 Addítion
TITLE NAME STREET ADDRESS GITY-ST-ZIP		☐ Delete	CITY	E ET ADDRESS - ST - ZIP	adia C		☐ Cha	
indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that n	nv sinnat	ure shall have th	e same legal effect	as if made under o	ath: that I am an of	ficer or director

12. I hereby certify that the information supplied with this filling does not quality 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:

ATURE AND TYPED OR PRINTÉD NAME OF SIGNING OFFICER OR DIRECTO

1/21/06 (786)290-172