

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000099749

FILED
Apr 28, 2009
Secretary of State

Entity Name: MT REALTY INVESTMENTS INC.

Current Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE
SUITE 906
CORAL GABLES, FL 33133

New Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, FL 33133

Current Mailing Address:

123 SE 3RD AVE.
NO. 105
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0797025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GURIAN, JORGE L
2665 SOUTH BAYSHORE DRIVE
SUITE 906
CORAL GABLES, FL 33133 US

Name and Address of New Registered Agent:

GURIAN, JORGE L
2665 SOUTH BAYSHORE DRIVE
SUITE 906
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: JORGE GURIAN

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GEZEN, SAMI
Address: 2665 SOUTH BAYSHORE DRIVE SUITE 906
City-St-Zip: CORAL GABLES, FL 33133

Title: D () Delete
Name: KOVUK, ADEM
Address: 2665 SOUTH BAYSHORE DRIVE SUITE 906
City-St-Zip: CORAL GABLES, FL 33133

Title: D () Delete
Name: KASSAS, MAHMUT
Address: 2665 SOUTH BAYSHORE DRIVE SUITE 906
City-St-Zip: CORAL GABLES, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GEZEN, SAMI
Address: 2665 SOUTH BAYSHORE DRIVE SUITE 906
City-St-Zip: COCONUT GROVE, FL 33133

Title: D (X) Change () Addition
Name: KOVUK, ADEM
Address: 2665 SOUTH BAYSHORE DRIVE SUITE 906
City-St-Zip: COCONUT GROVE, FL 33133

Title: D (X) Change () Addition
Name: KASSAS, MAHMUT
Address: 2665 SOUTH BAYSHORE DRIVE SUITE 906
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAHMUT KASSAS

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date