
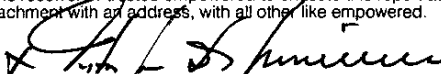


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90017 031 \*\*\*150.00

<b>DOCUMENT # P04000116870</b> 1. Entity Name <b>DI GERONIMO REALTY GROUP CORP.</b>					
Principal Place of Business <b>MULTICENTRO EMPRESARIAL DEL ESTE NUCLEO MIRANDA TORRE B, PISO 10, OFFC. 105 CHACAO, CARACAS NA, XX</b>			Mailing Address <b>MULTICENTRO EMPRESARIAL DEL ESTE NUCLEO MIRANDA TORRE B, PISO 10, OFFC. 105 CHACAO, CARACAS, NA</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		4. Filing Date <b>86-1134734</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BENMERGUI, ISAAC 13899 BISCAYNE BOULEVARD 141 NORTH MIAMI BEACH, FL 33181</b>				7. Name and Address of New Registered Agent Name <b>VICTOR DI GERONIMO</b> Street Address (P.O. Box Number is Not Acceptable) <b>5035 PALM AVE.</b> City <b>HALEAH</b> FL Zip Code <b>33012</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC MARTINEZ DIGERONIMO, MILAGRO NUCLEO MIRANDA TORRE B, PISO 10, OFFC. 105 CHACAO, CARACAS, CC NONE</b> <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	<b>TRE DI GERONIMO, JESUS E NUCLEO MIRANDA TORRE B, PISO 10, OFFC. 105 CHACAO, CARACAS, CC NONE</b> <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	<b>VP DI GERONIMO, MIGUEL NUCLEO MIRANDA TORRE B, PISO 10, OFFC. 105 CHACAO, CARACAS, CC NONE</b> <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	<b>VP DI GERONIMO, VICENZO NUCLEO MIRANDA TORRE B, PISO 10, OFFC. 105 CHACAO, CARACAS, CC NONE</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DI GERONIMO, VICENTE JOSE NUCLEO MIRANDA TORRE B, PISO 10, OFFC. 105 CHACAO, CARACAS, CC NONE</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DI GERONIMO, VICTOR J NUCLEO MIRANDA TORRE B, PISO 10, OFFC. 105 CHACAO, CARACAS, CC NONE</b> <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 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.					
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>01/31/2006</b> (305) 948 8435 Daytime Phone #		