

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90060 008 ***150.00

DOCUMENT # P04000116870 1. Entity Name DI GERONIMO REALTY GROUP CORP.			
Principal Place of Business MULTICENTRO EMPRESARIAL DEL ESTE NUCLEO MIRANDA TOR B, PIS 10, OFF 105 CHACAO, CARACAS NA, XX		Mailing Address MULTICENTRO EMPRESARIAL DEL ESTE NUCLEO MIRANDA TOR B, PIS 10, OFF 105 CHACAO, CARACAS NA, XX	
2. Principal Place of Business - No P.O. Box # 6447 MIAMI LAKES DR		3. Mailing Address 6447 MIAMI LAKES DR E	
Suite, Apt. #, etc. 203-J		Suite, Apt. #, etc. 203-J	
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL	
Zip 33014		Zip 33014	
Country US		Country US	
4. FEI Number 86-1134734		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DI GERONIMO, VICTOR 5035 PALM AVE. HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name DI GERONIMO VICTOR Street Address (P.O. Box Number is Not Acceptable) 6447 MIAMI LAKES DR E STE # 203-J City MIAMI LAKES FL Zip Code 33014	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SEC	NAME MARTINEZ DIGERONIMO, MILAGRO	TITLE 	NAME
STREET ADDRESS NUCLEO MIRANDA TOR. B, PIS. 10, OFF. 105	CITY-ST-ZIP CHACAO, CARACAS, CC NONE	STREET ADDRESS 	CITY-ST-ZIP
TITLE TRE	NAME DI GERONIMO, JESUS E	TITLE 	NAME
STREET ADDRESS NUCLEO MIRANDA TOR. B, PIS. 10, OFF. 105	CITY-ST-ZIP CHACAO, CARACAS, CC NONE	STREET ADDRESS 	CITY-ST-ZIP
TITLE VP	NAME DI GERONIMO, MIGUEL	TITLE 	NAME
STREET ADDRESS NUCLEO MIRANDA TOR. B, PIS. 10, OFF. 105	CITY-ST-ZIP CHACAO, CARACAS, CC NONE	STREET ADDRESS 	CITY-ST-ZIP
TITLE VP	NAME DI GERONIMO, VINCENTE J	TITLE 	NAME
STREET ADDRESS NUCLEO MIRANDA TOR. B, PIS. 10, OFF. 105	CITY-ST-ZIP CHACAO, CARACAS, CC NONE	STREET ADDRESS 	CITY-ST-ZIP
TITLE P	NAME DI GERONIMO, VICTOR J	TITLE 	NAME
STREET ADDRESS NUCLEO MIRANDA TOR. B, PIS. 10, OFF. 105	CITY-ST-ZIP CHACAO, CARACAS, CC NONE	STREET ADDRESS 	CITY-ST-ZIP
TITLE VP	NAME DIGERONIMO, VERONICA M	TITLE 	NAME
STREET ADDRESS NUCLEO MIRANDA TOR B P1510	CITY-ST-ZIP CHACAO CARACAS, CC	STREET ADDRESS 	CITY-ST-ZIP
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 the empowered.			
SIGNATURE: <i>[Signature]</i>		Date 01/31/08 (205) 818-9559	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	