

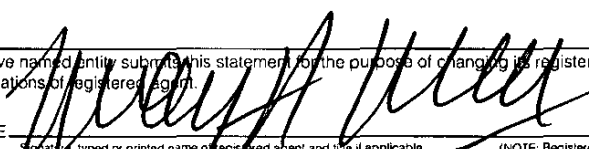
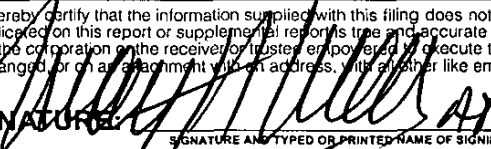


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000121200</b> 1. Entity Name <b>NV &amp; R REAL ESTATE INVESTMENTS, INC.</b>						<b>FILED</b> <b>2008 APR 30 PM 1:24</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>2655 LEJEUNE RD., STE. 507 CORAL GABLES, FL 33134</b>				Mailing Address <b>2655 LEJEUNE RD., STE. 507 CORAL GABLES, FL 33134</b>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		04212008    Chg-P    CR2E034 (12/06)			
City & State  Zip    Country		City & State  Zip    Country		4. FEI Number <b>20-1529084</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>FLINGS, INC. 3732 N.W. 10TH ST. FT. LAUDERDALE, FL 33311</b>				7. Name and Address of New Registered Agent Name <b>Juan Vicente Urdaneta</b> Street Address (P.O. Box Number is Not Acceptable) <b>2655 Lejeune Road, Suite 507</b> City <b>Coral Gables</b> FL    Zip Code <b>33134</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)    DATE							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>P ROTONDI, NINO 2655 LEJEUNE RD., STE. 507 CORAL GABLES, FL 33134</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>VST DE ROTONDI, VIRGINIA 2655 LEJEUNE RD., STE. 507 CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700129437947</b> <b>05/14/08--01009--014    **6600.00</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 another like empowered.							
SIGNATURE  <b>ATTORNEY IN FACT</b> Date <b>4/22/08</b> Daytime Phone # <b>757281519</b>							