

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90088 038 ***150.00

DOCUMENT # P04000124834

1. Entity Name
HOUSE RENT INVESTMENT, INC.



Principal Place of Business
**C/O ROTH, ROUSSO & KATSMAN, LLP.
18851 NE 29TH AVE STE 900
AVENTURA, FL 33180**

Mailing Address
**C/O ROTH, ROUSSO & KATSMAN, LLP.
18851 NE 29TH AVE STE 900
AVENTURA, FL 33180**

2. Principal Place of Business
C/O MICHAEL GLINSKY & Co.

3. Mailing Address
169 EAST FLAGLER STREET

Suite, Apt. #, etc.
SUITE 1118

Suite, Apt. #, etc.
SUITE 1118

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip
33131

Country
USA

Zip
33131

Country
USA

03102006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1554822

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GLINSKY, MICHAEL CPA
169 E FLAGLER ST
SUITE 1118
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPVT
AYALA, MARIA G
3318 SW 20 ST
MIAMI, FL 33145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
GUTIERREZ, ALEJANDRO
3318 SW 20 ST
MIAMI, FL 33145** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06

Date

305 358 4466

Daytime Phone #