

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90066 037 ***150.00

DOCUMENT # P04000124834

1. Entity Name
HOUSE RENT INVESTMENT, INC.



Principal Place of Business

**C/O MICHAEL GLINSKY & CO
STE. 1118
MIAMI, FL 33131**

Mailing Address

**169 E. FLAGLER ST.
STE. 1118
MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box #

C/O MICHAEL GLINSKY & CO.

3. Mailing Address

169 E. FLAGLER ST.



Suite, Apt. #, etc.

SUITE 1620

Suite, Apt. #, etc.

SUITE 1620

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

US

Zip

33131

Country

US

02072007

Chg-P

CR2E034 (12/06)

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

GLINSKY, MICHAEL CPA

Street Address (P.O. Box Number is Not Acceptable)

169 E FLAGLER ST SUITE 1620

City

MIAMI

FL

Zip Code

33131

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

03-29-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-29-07 305-358-4466