

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90188 008 ***150.00

DOCUMENT # P04000137636	
1. Entity Name REAL INTERNATIONAL GROUP, CORP.	



Principal Place of Business 9130 SOUTH DADELAND BLVD 1600 MIAMI, FL 33156 US	Mailing Address 9130 SOUTH DADELAND BLVD 1600 MIAMI, FL 33156 US
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2. Principal Place of Business 18851 NE 29th Avenue Suite, Apt. #, etc. Ste 900 City & State Aventura, Florida Zip 33180 Country USA	3. Mailing Address 18851 NE 29th Avenue Suite, Apt. #, etc. Ste 900 City & State Aventura, Florida Zip 33180 Country USA
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02162005 Chg-P CR2E034 (10/03)

4. FEI Number APPLIED FOR	<input checked="" type="checkbox"/> 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 ROTH, LEONARDO A ESQ. ROTH, ROUSSO & KATSMAN, LLP 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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]* DATE 02/16/2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S CEDENO, ARNOLDO R 9130 SOUTH DADELAND BLVD. SUITE 1600 MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INFANTINI, FRANCISCO L 9130 SOUTH DADELAND BLVD. SUITE 1600 MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CEDENO, JUAN E 9130 SOUTH DADELAND BLVD. SUITE 1600 MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180
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
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
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 exemption stated in Section 119.07(3)(j), 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]* **Arnoldo Cedeno, President** 02/16/2005 (786)275 0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #