



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90001 028 \*\*\*150.00  
 08-24-2005 90057 011 \*\*\*400.00

<b>DOCUMENT # P04000160048</b>					
1. Entity Name REI REAL ESTATE INVESTORS INC					
Principal Place of Business 12555 BISCAYNE BLVD #763 N. MIAMI, FL 33181-2597		Mailing Address 12555 BISCAYNE BLVD #763 N. MIAMI, FL 33181-2597			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FFI Number 20-1934300	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARES, ROSARIO 12555 BISCAYNE BLVD #763 N. MIAMI, FL 33181-2597			7. Name and Address of New Registered Agent Name: <u>ELSA COLERIDGE</u> Street Address (P.O. Box Number is Not Acceptable): <u>12555 BISCAYNE BLVD #763</u> City: <u>NORTH MIAMI</u> FL Zip Code: <u>33181-2597</u>		
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: <u>ELSA COLERIDGE</u> x <u>[Signature]</u> 8/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when vacating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARES, ROSARIO 12555 BISCAYNE BLVD #763 N. MIAMI, FL 331812597	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ELSA COLERIDGE P.D.</u> <u>12555 BISCAYNE BLVD. #763</u> <u>NORTH MIAMI, FL 33181-2597.</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ANA MARIA PENNA V.P.</u> <u>12555 BISCAYNE BLVD. #763</u> <u>NORTH MIAMI, FL 33181-2597</u>	<input type="checkbox"/> Change <input checked="" 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
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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)(i), 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: <u>[Signature]</u> (President) 8/4/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					
<u>Ana Maria Penna (Vice President) 8/4/05</u>					

90001028  


08052005 Chg-P CR2E034 (10/03)