


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90142 011 \*\*\*150.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # P05000059910</b><br>1. Entity Name<br>INVEST FLORIDA REAL ESTATE, INC.   |  |  |  |                                  |  |
| Principal Place of Business<br>210 N. UNIVERSITY DRIVE<br>SUITE 200<br>CORAL SPRINGS, FL 33071   |  |  | Mailing Address<br>210 N. UNIVERSITY DRIVE<br>SUITE 200<br>CORAL SPRINGS, FL 33071 |   |  |
| 2. Principal Place of Business   |  |  | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.  |   |  |
| City & State   |  |  | City & State   |   |  |
| Zip  |  | Country  |  | Zip   |  |
| Country  |  | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                   |  |
| 6. Name and Address of Current Registered Agent<br><br>SADER, ROBERT L<br>1901 W. CYPRESS CREEK ROAD<br>SUITE 415<br>FORT LAUDERDALE, FL 33309   |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |  |  |  | Applied For<br>Not Applicable   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |  |  |  | DATE _____  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | 10. OFFICERS AND DIRECTORS  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | PSD<br>ARGENTI, ROBERT J<br>210 N. UNIVERSITY DRIVE, SUITE 200<br>CORAL SPRINGS, FL 33071                              |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | VPTD<br>ARGENTI, PATRICIA J<br>210 N. UNIVERSITY DRIVE, SUITE 200<br>CORAL SPRINGS, FL 33071                           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Patricia J. Argenti</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |  | 1-27-06 954-753-8111<br><small>Date Daytime Phone</small>   |  |

50003469



01112006 Chg-P CR2E034 (11/05)

FEI Number  
26-0115460

FL Zip Code