

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000122097

1. Entity Name
GOOD INVESTMENT REALTY, INC.



Principal Place of Business
**160 HARWOOD CIR.
KISSIMMEE, FL 34744**

Mailing Address
**160 HARWOOD CIR.
KISSIMMEE, FL 34744**



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4316103

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIGAUD, PATRICIO
160 HARWOOD CIR.
KISSIMMEE, FL 34744**

**DO NOT WRITE
IN THIS SPACE**

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, 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	P
NAME	COLON, MAGDA I
STREET ADDRESS	160 HARWOOD CIR.
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	S
NAME	RIGAUD, JACQUES P
STREET ADDRESS	160 HARWOOD CIR.
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	V
NAME	RIGAUD, PATRICK
STREET ADDRESS	160 HARWOOD CIR.
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	D/O
NAME	BERRIOS, JUAN
STREET ADDRESS	160 HARWOOD CIR.
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000755128
05/22/07-80089-020 150.00

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:

Magda I. Colon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2007
Date

(407) 319-0226
Daytime Phone #