2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT									FILED		
DOCUMENT # P05000148781 1. Entity Name							SECRETARY OF STATE DIVISION OF COME STATIONS				
TRUST REALTY INVESTMENT CORP.								06 JUL 1	4 PM	1:31	
Principal Place of Business Mailing Address											
12762 SW 88 STREET Suite B			12762 SW 88 STREET Suite B								
MIAMI, FL 33186			MIAMI, FL 33186								
· · · · · · · · · · · · · · · · · · ·	lace of Business		3. Mailing Address				 			JE 121	
Suite, Apt, #, etc.			Suite, Apt. #, etc.				07122006	Chg-P	CR2E034	<u> </u>	
City & State			City & State				4. FEI Number 20-3783				plied For t Applicable
Zip	Country		Zip	Coun	try		5. Certificate of Status Desired		S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
ARENCIBIA, YANICEL					Name						
12762 SW 88 STREET MIAMI, FL 33186					Street Address (P.O. Box Number is Not Acceptable)						
					City FL Zip Code						
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.											and accept
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE											
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AND [IRECTORS	3 IN 11
title Name	-P -JARDON; LUIO	.D.	X Delete	TITL		D.	7 DELET	N		Change	X Addition
STREET ADDRESS					ET ADDRESS		Z, DELFI 62 SW 88				
CITY-ST-ZIP					-ST-ZIP		MI, FL 3	<u> 3186 </u>			
TITLE NAME	Delete IIII					VP PAS	CUAL, AL	BERTO L.		Change	X Addition
STREET ADDRESS	**************************************				ET ADDRESS	ADDRESS 12762 SW 88 Street					
CITY-ST-ZIP					-SI-ZIP		MI, FL 3	3186		67 1 Al	77 64400
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STREET ADDRESS					ET ADDRESS						
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NAME			Therefore	NAM							
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	autilia that the lefe	nation or selfect - 90-	this filing days not make to		-ST-ZIP	ntoice	t in Chapter 110	Florida Statutes	further cortif	v that the ir	formation
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 receive 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.											
07/10/06 (205) 202 (026											
SIGNAT	URE:	ATIRE AND BYEN NO O	Director WINTED NAME OF BIGNING OFFICER	OR DIREC	TOR		07	/12/U0 (time Phone #	