

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 14 PM 1:31

DOCUMENT # P05000148781 1. Entity Name TRUST REALTY INVESTMENT CORP.					
Principal Place of Business 12762 SW 88 STREET SUITE B MIAMI, FL 33186			Mailing Address 12762 SW 88 STREET SUITE B MIAMI, FL 33186		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3783597	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ARENCIBIA, YANICEL 12762 SW 88 STREET MIAMI, FL 33186			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		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	P JARDON, LUIS R 12762 SW 88 STREET MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, DELFIN 12762 SW 88 Street MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BANDERA, MARTHA 12762 SW 88 STREET MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PASCUAL, ALBERTO L. 12762 SW 88 Street MIAMI, FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARENCIBIA, YANICEL 12762 SW 88 STREET MIAMI, FL 33186		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARENCIBIA, YANICEL 12762 SW 88 Street MIAMI, FL 33186	
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 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: _____			Director		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			07/12/06 (305) 383-4036		