## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000003824							2	FILED				
1. Entity Name 5136 REAL ESTATE INVESTMENTS, INC.												
1							2008 APR 30 PM 1: 37					
Principal Plac	ce of Busines	ss		Mailing Address				SECR. TALLAH	EDIY O	FSTATE	• •	
2655 LEJEUNE RD., STE. 507 CORAL GABLES, FL 33134				2655 LEJEUNE RD., S CORAL GABLES, FL 3				ישרראט	ASSEE.	FLORID	A	
CONAL GABLES, FE 33134									( \$4);\$ pint son: son: s	51H 55H 55155 (	illet loke tiett bi	
Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.		04	4212008	Chg-P	CR2E(	34 (12/06)		
City & State				City & State		4.	FEI Numbe		14655		pplied For ot Applicable	
Zip	Zip Country			Zìp Cou		atry	y 5. Certific		of Status Desired		\$8.75 Add	ditional
6. Name and Address of Current			 urrent Regi	stered Agent		7.	Name and	Address of New	Registered .		<del></del>	
   <del>                                   </del>	INC.					Name J	van		icente	Ur	Lune	Za_
(3732 NDX 16TH ST.						Street Andress (P.O. Box Number is Not Acceptable)					Fe 507	
FT. LAUDERDALE, FL 33311							<u>من د</u>	Jan	1.300	<del>, ,,,</del>	1	
	1	1	1 /			City Co	ml	<u> </u>	J	FL	Zip Coo	ie >//
		ity submits this state	pentalor the	pupose of changing it	s register	ed office or reg	gistered at		th, in the State of F		familiar with,	, and accept
the obligat	fighs of regis		1/	Wy								
SIGNATURE	Eignature, typed	d or printer name of registere	ad agent and title	e il applicable. (NC	TE: Registere	ed Agent signature re	quired when r	reinstating)		DATE		
<b>_</b>		<del></del>		9. Election Campa				-				
		FEE IS \$150.0 8 Fee will be \$		\$5.00 ! Added to								
10.		OFFICERS	S AND DIRE	CTORS	11.		A[	DDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	IS IN 11
TITLE	DP CASCAR	ANO MICHELE		☐ Delete	TITLE						Change	☐ Addition
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CITY-ST-ZIP	CORAL GABLES, FL 33134				/-ST-ZIP							
TITLE NAME	DST DE CASCARANO, RITA					TITLE NAME		40	00129	4377	Change	☐ Addition
STREET ADDRESS	STREET ADDRESS 2655 LEJEUNE RD., STE. 507				STRE	EET ADDRESS		400129437 05/14/0801009014			**E600	0.00
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CITY-ST-ZIP		1-1		···		'-SI-ZIP						<del></del>
12. I nereby of indicated of the cor	certify that in d on this repar- reporation of	ne information supplier or supplemental re the receiver or trustee	ed with his aport is true	iling does not quality rend that	ior the exe my signal	emptions conta ture shall have ired by Chanter	ained in Cl the same	hapter 119 legal effec	Florida Statutes. t as if made under cod that my par	I further cert	am an officer	nformation r or director
12. I hereby certify that the information supplied with his 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 frue and acquirite 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 of the receiver or trustee drop world be exempted in seport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an affactor entire in a haddess furth all the further powered.												
SIGNAT	rure//	MM	MLL.	MY HAT	DYD	14 1V	MAL	/ J	4/12/0	0 14	タチャ	11319
	- <i>1/</i> t	SIGNATOR AND TYP	ED OR PRINTE	D NAME OF SIGNING OFFICER	R OR DIRECT	TOR			Date		aytime Phone #	······································