

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90120 027 ***150.00

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01312007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000013522	
1. Entity Name A & O REALTY INVESTMENTS INC.	



Principal Place of Business 2800 IVES DAIRY ROAD AVENTURA, FL 33081	Mailing Address 2800 IVES DAIRY ROAD AVENTURA, FL 33081
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2. Principal Place of Business - No P.O. Box # 20335 Biscayne Blvd	3. Mailing Address 20335 Biscayne Blvd
Suite, Apt. #, etc. Suite L11	Suite, Apt. #, etc. Suite L11
City & State Aventura, FL	City & State Aventura, FL
Zip 33180	Country USA

6. Name and Address of Current Registered Agent ATHENS, MICHELLE 2800 IVES DAIRY ROAD AVENTURA, FL 33081	
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7. Name and Address of New Registered Agent	
Name Athens, Michelle	
Street Address (P.O. Box Number is Not Acceptable) 20335 Biscayne Blvd.	
Suite, Apt. #, etc. Suite L11	
City Aventura	FL Zip Code 33180

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: **Daniel T. Old** (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	<input type="checkbox"/> Delete	TITLE 20335 Biscayne Blvd. Suite L11	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ATHENS, MICHELLE		NAME Aventura, FL 33180	
STREET ADDRESS 2800 IVES DAIRY ROAD			
CITY-ST-ZIP AVENTURA, FL 33081			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Daniel T. Old** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____