

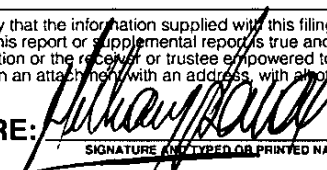


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90083 007 ***150.00

DOCUMENT # P11232 1. Entity Name MARGIE REAL ESTATE INVESTMENTS, INC.					
Principal Place of Business C/O PACIFIC R.E. MGMT. CORP. 2600 DOUGLAS RD #1004 CORAL GABLES, FL 33134 US			Mailing Address C/O PACIFIC R.E. MGMT. CORP. 2600 DOUGLAS RD #1004 CORAL GABLES, FL 33134 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04012005 Chg-P CR2E034 (10/03)	
Zip Country		Zip Country		4. FEI Number 59-2685376	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO, MATTHEWS & MORENO 25 SE 2ND AVENUE SUITE 900 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 PSD <input type="checkbox"/> Delete NAME MASSUH, MARGARITA STREET ADDRESS %25 SE 2ND AVENUE #900 CITY-ST-ZIP MIAMI, FL			TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME WILLIAM ISAIAS D STREET ADDRESS 2600 DOUGLAS RD. SUITE 1004 CITY-ST-ZIP CORAL GABLES, FL 33134		
TITLE VTD <input type="checkbox"/> Delete NAME MASSUH, GABRIEL STREET ADDRESS %25 SE 2ND AVENUE #900 CITY-ST-ZIP MIAMI, FL			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.					
SIGNATURE:  WILLIAM ISAIAS 04-12-05 305-529-2488 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					