

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # P93000044239

1. Entity Name

AMERICAN REALTY INVESTORS (FLORIDA), INC.



Principal Place of Business

598 RIVERSIDE DR.
CORAL SPRINGS, FL 33071 US

Mailing Address

598 RIVERSIDE DR.
SUITE S
CORAL SPRINGS, FL 33071 US



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0417679

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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: _____

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RUSCA, FAUSTO C
VIA G.B. PIODA 14
6901 LUGANO SWITZERLAND,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
TOMBARI, MICHAEL G.
11811 NORTH FREEWAY SUITE 300
HOUSTON, TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HATFIELD, KENNETH L
11811 NORTH FAIRWAY STE 300
HOUSTON, TX 77060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GEEVER, DANIEL C
300 2ND AVE SE #70
ST. PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000316933
04/19/05-80097-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael G. Tombari 4/12/05 281 820 0747