

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 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

**DO NOT WRITE IN THIS SPACE**



04052006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000531100  
05/06/06-80024-023 115.00

**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

U00000531100  
05/06/06-80024-024 35.00

**DO NOT WRITE  
IN THIS SPACE**

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: MICHAEL G. HATFIELD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/06  
Date

281 820 0747  
Daytime Phone #