

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000055536**

1. Entity Name

P.R. REALTY INVESTMENTS CORP.



Principal Place of Business

2975 SW 5 STREET  
VERO BEACH, FL 32968

Mailing Address

2975 SW 5 STREET  
VERO BEACH, FL 32968



04142008

No Chg-P

CR2E034 (11/05)

4. FEI Number

07-0325522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MARKS, IRA  
2975 SW 5 STREET  
VERO BEACH, FL 32968

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000903013  
04/30/08-80029-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MARKS, IRA
STREET ADDRESS	2975 SW 5 STREET
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	S
NAME	MARKS, MARIA
STREET ADDRESS	2975 SW 5 STREET
CITY-ST-ZIP	VERO BEACH, FL 32968
TITLE	VP
NAME	RODREGUEZ, PETER
STREET ADDRESS	PO BOX 643580
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ira Marks*

*4/14/08*

*772 744 7778*

Daytime Phone #