

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90026 023 ***150.00

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1. Entity Name
FLORIDA INTERNATIONAL REALTY CORP.



Principal Place of Business Mailing Address
1625 N. COMMERCE PARKWAY, SUITE 210 1625 N. COMMERCE PARKWAY, SUITE 210
SUITE 315 SUITE 315
WESTON, FL 33326 WESTON, FL 33326

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0545830

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBACETE, ALFONSO G
220 MONTCLAIRE DR
FT LAUDERDALE, FL 33326

7. Name and Address of New Registered Agent

Name Alfonso Albacete
Street Address (P.O. Box Number is Not Acceptable)
211 Fairmont Way
City Weston FL Zip Code 33326

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ALBACETE, ALFONSO G	
STREET ADDRESS	220 MONTCLAIRE DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBACETE, CARMEN I	
STREET ADDRESS	220 MONTCLAIRE DR	
CITY-ST-ZIP	FT LAUDERDALE, FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, CIRO	
STREET ADDRESS	1775 HARBOR POINTE CIRCLE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, CIRO	
STREET ADDRESS	1775 HARBOR POINTE CIRCLE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albacete, Alfonso G	
STREET ADDRESS	211 Fairmont Way	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albacete, Carmen I	
STREET ADDRESS	211 Fairmont Way	
CITY-ST-ZIP	Weston, FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 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

Date

Daytime Phone #

Alfonso Albacete

03/15/07

954-389-6161