2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005
Secretary of State

DOCUMENT# P95000063002

Entity Name: REALINVEST DEVELOPMENT CORP.

Current Principal Place of Business:

2999 N.E. 191ST STREET
SUITE 803
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2999 N.E. 191ST STREET
SUITE 803
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-0609792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEHMAN, RICHARD S ESQ.
2600 N. MILITARY TRAIL
SUITE 207
BOCA RATON, FL 33134 US

Name and Address of New Registered Agent:

DADE COUNTY CORPORATE AGENTS, INC.
18901 NE 29 AVE.
SUITE 100
AVENTURA, FL FL US

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.

SIGNATURE: GARY KORNIK, VP 03/02/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: STIVELMAN, CLAUDIO
Address: TWO S. BISCAYNE BLVD., SUITE 2980
City-St-Zip: MIAMI, FL 33131

Title: S ( ) Delete
Name: STIVELMAN, MARCIA
Address: TWO S. BISCAYNE BLVD., SUITE 2980
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: STIVELMAN, CLAUDIO
Address: 2999 NE 191 STREET, SUITE 100
City-St-Zip: AVENTURA, FL 33180

Title: S (X) Change ( ) Addition
Name: STIVELMAN, MARCIA
Address: 2999 NE 191 STREET, SUITE 100
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUES STIVELMAN PSTD 03/02/2005
Electronic Signature of Signing Officer or Director Date