FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90651 009 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088805

1. Entity Name
REALITY INVESTMENTS CORP.

Principal Place of Business	Mailing Address
8360 W OAKLAND PARK SUITE 314 TAMARAC, FL 33319	PO BOX 15786 PLANTATION, FL 33318-5786 US

2. Principal Place of Business		3. Mailing Address	
		8360 W OAKLAND PARK BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 314	
City & State		City & State SUNRISE FL	
Zip	Country	Zip 33351	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0633119 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANCIS, ALRIC J 6193 ROCK ISLE ROAD, SUITE 1-118 TAMARAC, FL 33319	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRANCIS, CAROL		NAME	
STREET ADDRESS	6193 ROCK ISLE ROAD, SUITE 1-118		STREET ADDRESS	
CITY-ST-ZIP	TAMARAC, FL 33319		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRANCIS, ALRIC		NAME	
STREET ADDRESS	8360 W OAKLAND PK BLVD #314		STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33351		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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: Alric Francis 4/01/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #