2003 FOR PROFIT CORPORATION

FILED Mar 31, 2003 8:00 am secretary of State **UNIFORM BUSINESS REPORT (UBR** P96000016386 DOCUMENT # 1. Entity Name 03-31-2003 90298 015 ***150.00 INVESTORS REALTY GROUP, INC. Principal Place of Business Mailing Address 2020 EDISON AVE -2198 NW 126TH AVE FORT MYERS FL 33901 PEMBROKE PINES FL 33028 U3 - 2. Principal Place of Business 3. Mailing Address 2100 West Suite, Apt. #, etc Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Saite City & State City & State Applied For 479/12 65-0645753 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired ----6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jos ep ***O'CONNELL. BARBAR**A Street Address (P.O. Box Number is Not Acceptable) 1124 SE FIRST TERR CAPE CORAL FL 33990 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, Delete TITLE TITLE Change Addition O'CONNELL, BARBARA NAME NAME 1124 SE 13T TERR STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-7IP CITY-ST-ZIP TITLE TD Delete TITLE ☐ Change Addition NAME ENRIQUEZ, STEPHEN NAME STREET ADDRESS 2198 NW 126TH AVE STREET ADDRESS .CITY-ST-ZIP PEMBROKE PINES:FL 33028 - -CITY_ST ZIP TITLE ☐ Delete TITLE ☐ Change Judition. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition □ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP □ Delete 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

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:

954-438-4663