2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000041658

PALM BEACH REALTY INVESTORS, INC.



Apr 11, 2006 08:00 AM Secretary of State

FILED

Principal Place of Business

1002 SHERBROOKE ST. W., SUITE 2625 MONTREAL, QUEBEC, H3A 3L6

CANADA.

Mailing Address

1002 SHERBROOKE ST. W. **SUITE 2625**

MONTREAL, QUEBEC, CANADA, H3A--L6



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED MAIRE OF SIGNING OFFICER OR DIRECTOR

6. Name and Address of Current Registered Agent

04072006 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0754735 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

MAYERS, ALEXANDER 2121 NORTH OCEAN BLVD **APARTMENT 1007E** BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

8. The above the obligat	a named entity submits this statement for the parties of registered agent.	ourpose of changing its register	ed allice or	registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and fife	if applicable (NOTE, Registered	Agent signatur	e required when reinstating)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 	icing	\$5.00 May Be Added to Fees	V00000502154
10.	OFFICERS AND DIREC	TORS			04/25/06-80094-805 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYERS, ALEXANDER 2121 N OCEAN BLVD, APT 1007E BOCA RATON,				37.237.03 33337, 303 139.00
TITLE NAME SIRLEI ADDRESS CITY-ST-ZIP	D MAYERS, LORNE 1002 SHERBROOKE STREET W., SU MONTREAL, QUEBEC, CANADA. HS	_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARTNER, MICHAEL 1002 SHERBROOKE STREET W., SUITE 2625 MONTREAL, QUEBEC, CANADA, H3A- L6			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE
HILE NAME STREET ADDRESS CITY-SI-ZIP					
HILE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby control indicated of the corp changed,	ertify that the information supplied with this filt on this report or supplemental report is true at poration or the receiver or trustee empowered or on an attachment with an address, with all	ng does not qualify for the exer nd accurate and that my signatu- to execute this report as require other like empowered.	nptions con re shall haved by Chapt	itained in Chapter 119, e the same legal effect er 607, Florida Statutes,	Florida Statutes. I further certify that the information as if made under cath, that I am an officer or director and that my name appears in Block 10 or Block 11 if