


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90112 020 \*\*\*150.00

DOCUMENT # P97000043817  
1. Entity Name  
*REALTY INVESTMENTS CORP.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*8339 SW 40 STREET*

3. Mailing Address  
*8339 S.W. 40 STREET*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*MIAMI FL*

City & State  
*MIAMI FL*

Zip  
*33155*

Country  
*USA.*

4. FEI Number  
*65-0753392*

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*IBIS SANABRIA*

Street Address (P.O. Box Number is Not Acceptable)  
*8339 SW 40 STREET*

City  
*MIAMI*

FL Zip Code  
*33155*

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 reappointing) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DIRECTOR IBIS SANABRIA 8339 SW 40 STREET MIAMI FL 33155</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *IBIS SANABRIA* *4/4/03* *305.559.0330*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *X102*