## 2007 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Jan 16, 2007 08:00 AN **DOCUMENT # P97000088883 Secretary of State** FLORIDA INVESTORS GROUP REALTY, INC. Principal Place of Business Mailing Address 5835 BLUE LAGOON DRIVE **5835 BLUE LAGOON DRIVE** 200 MIAMI, FL 33126 MIAMI, FL 33126 01122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0790638 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FIGUERAS, JUAN C DO NOT WRITE 12901 SW 69 AVE MIAMI, FL 33158 IN THIS SPACE 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 Plorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argusture required when reinstating) DATE 01/16/07-80048-009 150.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS MLE **PVST** XAME FIGUERAS, JUAN C 12901 SW 69 AVE STREET ADDRESS CITY-ST-ZP MIAMI, FL 331566262 TITLE MARKET STREET ADDRESS CTTY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/2 TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZP

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, 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 Btock 10 or Btock 11 if changed, or on an attachment with an address, with all other like empowered.

IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR