## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 14, 2005 8:00 am Secretary of State

DOCUMENT # P98000023069  1. Entity Name INFINITY INTERNATIONAL REALTY, INC.				03-14-2005 90099 042 ***150.00				
Principal Place of Business Mailing Address					] .			•
12399-2 PEMBROKE RD. PEMBROKE PINES, FL 33025		12399-2 PEMBROKE RD. PEMBROKE PINES, FL 33025					500254	159
- LWIDKOKE F		FEMILIONORE FINES, FE	33023		1 (47/148) (18.)	AND NEWE BETAL BEING BEI		
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03062005	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-0820			oplied For	
Zip	Country	Zip Count		try		f Status Desired	S8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agent	
GRANT, ARCHIBALD				Name .				
12399-2 PEMBROKE RD. PEMBROKE PINES, FL 33025			Street Address (P.O. Box Number is Not Acceptable)					
LINDITO	(E   114E0, 1 E 000E0							
				City			FL Zip Coo	le
	named entity submits this statement fo	r the purpose of changing its	s register	ed office or registe	ered agent, or both	, in the State of Flo	orida. I am familiar with	and accept
SIGNATURE_	Signature, typed or printed name of registered agent :	and title if applicable. (NO	TE: Registere	d Agent signature require	ed when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Con		ncing \$5	5.00 May Be ded to Fees			
10.	OFFICERS AND		11.	· I · · · ·	ADDITIONS/C	CHANGES TO OFF	ICERS AND DIRECTOR	
TITLE NAME	PD GRANT, ARCHIBALD	☐ Delete	TITLI		•		☐ Change	Addition
STREET ADDRESS	16765 NW 14TH CT.			ET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY	-ST-ZIP				
TITLE	TD GRANT, CHRISTINE	<b>■</b> Delete	TITU				☐ Change	☐ Addition
NAME STREET ADDRESS	16765 NW 14TH CT.			ET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES, FL 33028		CITY	-ST-ZIP				
TITLE		Delete	TITL				Change	Addition
NAME T STREET ADDRESS	•		NAM	ET ADDRESS	÷ . •			- <del></del> -
CITY-ST-ZIP		•		-ST-ZIP				
TITLE		☐ Delete	TITL	E			☐ Change	☐ Addition
NAME			NAM	1				
STREET ADDRESS CITY+ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE	<u> </u>	☐ Delete	TITL				☐ Change	Addition
NAME			NAM	ie .				_
0.0557 4000500	1		STRE	ET ADDRESS				
STREET ADDRESS				11	41.3			
CITY-ST-ZIP		- D No.	CITY	-ST-ZIP .			Channa	☐ Addition
		- Delete		-S1-ZIP .	1	· . · .	☐ Change	Addition
CITY-ST-ZIP		- Delete	CITY TITL NAM	-S1-ZIP .	. **		Change	Addition
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	certify that the information supplied with on this report or supplemental report is		CITY TITL NAM STRE	E EET ADDRESS				

2. I hereby certify that the information supplied with this liting does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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 eath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sale Daytime Proce of