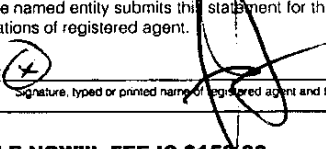
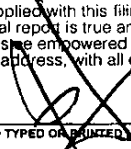


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90067 044 ***150.00

DOCUMENT # P98000086305 1. Entity Name FLORIDIAN REALTY & INVESTMENT GROUP CORP					
Principal Place of Business 2500 NW 97 AVE., SUITE 200 MIAMI, FL 33172 US			Mailing Address 2500 NW 97 AVE., SUITE 200 MIAMI, FL 33172 US		
2. Principal Place of Business - No P.O. Box # 7875 NW 12 ST.		3. Mailing Address 7875 NW 12 ST.			
Suite, Apt. #, etc. #101		Suite, Apt. #, etc. #101			
City & State MIAMI FL.		City & State MIAMI FL.			
Zip 33126		Country USA		Zip 33126	
Country USA		4. FEI Number 65-0868078			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PAGES, ROSA M 11367 WEST FLAGLER STREET MIAMI, FL 33174			7. Name and Address of New Registered Agent Name ROSA M. PAGES Street Address (P.O. Box Number, is Not Acceptable) 7875 NW 12 ST. #101 City MIAMI FL Zip Code 33126		
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) Signature, typed or printed name of registered agent and title if applicable. DATE 4/11/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PVD	NAME GARCIA, PABLO		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 11367 WEST FLAGLER STREET	CITY-ST-ZIP MIAMI, FL 33174		TITLE PVD	NAME PABLO GARCIA	
CITY-ST-ZIP MIAMI, FL 33174	<input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS 7875 NW 12 ST #101	CITY-ST-ZIP MIAMI FL. 33126	
TITLE PVD	NAME GARCIA, PABLO		<input type="checkbox"/> Delete		
STREET ADDRESS 11367 WEST FLAGLER STREET	CITY-ST-ZIP MIAMI, FL 33174		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MIAMI, FL 33174	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PVD	NAME GARCIA, PABLO		<input type="checkbox"/> Delete		
STREET ADDRESS 11367 WEST FLAGLER STREET	CITY-ST-ZIP MIAMI, FL 33174		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MIAMI, FL 33174	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PVD	NAME GARCIA, PABLO		<input type="checkbox"/> Delete		
STREET ADDRESS 11367 WEST FLAGLER STREET	CITY-ST-ZIP MIAMI, FL 33174		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MIAMI, FL 33174	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. PABLO GARCIA					
SIGNATURE 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT		Date 04/11/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Design Phone # (305) 597 7789	