2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 15, 2005 08:00 AM Secretary of State

DOCUMENT # P99000037177 1. Entity Name UNIVERSAL REALTY INVESTMENTS, INC.					Secretary of State			
Principal Plan	ce of Business	Mailing Address			†			
P.O. BOX 5661		18999 BISCAYNE BLV	18999 BISCAYNE BLVD					
HIALEAH, FL 33014		#205			-			
		AVENTURA, FL 33180)			T THIS CALL BY IN THE WAL	IC arina enic ara n arkii e do icae	(2) 12 1 1 1 1 1 1 1 1
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt #, etc.			06302005	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Numb 65-091		 -	pplied For ot Applicable
Zip Country		Zıp	Zip Country		5. Certificate of Status Desired See Required Fee Required			
6. Name and Address of Current Re		nt Registered Agent	d Agent		7. Name and	Address of New R		BU
The state of the s				Name				
TRAN, KE 18999 BIS SUITE 209	SCAYNE BL <u>VD</u> .	. •	Stree	Street Address (P.O. Box Number is Not Acceptable)			 >>	
AVENTURA, FL 33180		· _ , ,						
			City			<u> </u>	FL Zip Coo	de
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 Signature, typed or printed name of registered agent and trie if applicable [NOTE Registered Agent signature required when reinstalling] Date								
Signature, typed or printed name of registered agent and bille if applicable (NOTE Registered Agent ag								
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Fina Trust Fund Contribution.					00 May Be ed to Fees	In accordance was corporation did in	rith s. 607.193(2)(b), not receive the prior	F.S., the notice.
10.	OFFICERS AN	ID DIRECTORS	11.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE	PD	. Defete	TITLE				☐ Change	☐ Addition
NAME CYPECT ADDRESS	TRAN, KEVIN		NAME			Macaaa	7770044	
STREET ADDRESS CITY-ST-ZIP	5395 N.W. 165TH STREET MIAMI, FL 33014		STREET ADDRE	.ss		U00000:	3(3041 90008-003 15	กกก
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NAME STREET ADDRESS			NAME STREET ANDRES	50				
CITY-ST-ZIP			STPEET ADDRES GITY -ST - ZIP	00				Ì
12. I hereby o	certify that the information supplied w	th this filing does not qualify for	the exemption	stated in Sec	tion 119.07(3)(i), Florida Statutes, I	further certify that the in	formation
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.								