## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Mar 12, 2004 8:00 am Secretary of State **DOCUMENT # P99000053612** 03-12-2004 90013 032 \*\*\*150.00 REALSELECT INVESTMENTS, INC. Principal Place of Business Mailing Address 8033 NW 36TH STREET 54017619 8033 NW 36TH STREET MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address 8033 NW 36TH STREET 8033 NW 36TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 01202004 CR2E034 (10/03) Chg-P SUITE # 440 SUITE # 440 City & State MIAMI, FL 33166 City & State 4. FEI Number Applied For MÎAMI, FL 33166 65-0935733 Not Applicable Country Country \$8.75 Additional . 5. Certificate of Status Desired 33166 U.S.A. 33166 U.S.A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ISICOFF, ERIC D'ESQ Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVENUE SUITE 800 SOUTH MIAMI, FL 33131 City Zio Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, ☐ Delete TITLE ☐ Change Addition TITLE RIBADENEIRA, DIEGO NAME NAME STREET ADDRESS STREET ADDRESS 8033 NW 36TH STREET CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITI F RIBADENEIRA, HELENA NAME STREET ADDRESS STREET ADDRESS 8033 NW 36TH STREET MIAMI, FL 33166 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE BALAREZO, DANIELLA NAME NAME 8033 NW 36TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing foes 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 of 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.

FILED