2006 FOR PROFIT CORPORATION

Mar 15, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P99000053612** 03-15-2006 90093 002 ***150 00 1. Entity Name REALSELECT INVESTMENTS, INC. Principal Place of Business Mailing Address 8033 NW 36TH STREET 8033 NW 36TH STREET SUITE 440 SUITE 440 MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0935733 Not Applicable Zip. Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ISICOFF, ERIC D ESQ. Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVENUE 1101 BRICKELL AVENUE SUITE 800 SOUTH MIAMI, FL 33131 **SUITE 1900** city <u>MIAMI</u> 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition RIBADENEIRA, DIEGO NAME NAME STREET ADDRESS 8033 NW 36TH STREET STREET ADDRESS MIAMI, FL 33166 CITY-ST-ZIP CITY-ST-ZIP D ☐ Delete TITLE ☐ Change ☐ Addition TITLE RIBADENEIRA, HELENA NAME NAME STREET ADDRESS STREET ADDRESS 8033 NW 36TH STREET CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-7IP D TITLE ☐ Defete ☐ Change TITLE Addition BALAREZO, DANIELLA NAME NAME 8033 NW 36TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33166 TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or surplemental 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.

Diego Ribadeneira SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 597-9044

FILED