

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

| | | |
|--|-----------------------|---|
| DOCUMENT # P99000068835 | |  |
| 1. Entity Name FIRST UNION REALTY INVESTMENTS CORP. | | |
| Principal Place of Business P.O BOX 402283 MIAMI BEACH, FL 33140 | | Mailing Address P.O BOX 402283 MIAMI BEACH, FL 33140 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent EXPOSITO, SIGMUND 5500 COLLINS AVENUE SUITE 1401 MIAMI BEACH, FL 33160 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | | DO NOT WRITE IN THIS SPACE |
| TITLE | STD | |
| NAME | EXPOSITO, ANA J | |
| STREET ADDRESS | P.O BOX 402283 | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 | |
| TITLE | PD | |
| NAME | EXPOSITO, SIGMUND | |
| STREET ADDRESS | P.O BOX 402283 | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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. | | |
| SIGNATURE:  Pd | | Date: 4/25/06 Daytime Phone #: 786 426 6335 |