


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000109196
 1. Entity Name
INVESTMENT & REAL ESTATE, INC.



Principal Place of Business 9 ISLAND AVE APT. 1903 MIAMI BEACH, FL 33139-1361	Mailing Address 9 ISLAND AVE APT. 1903 MIAMI BEACH, FL 33139-1361
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DO NOT WRITE IN THIS SPACE



04262008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1099793	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSAS, JUAN
 9 ISLAND AVE
 APT. 1903
 MIAMI BEACH, FL 33139-1361**

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) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000922520
 05/21/08-80034-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSAS, JUAN 9 ISLAND AVE MIAMI BEACH, FL 331391361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSAS, JUAN C 1228 PENSILVANIA AVE. #8 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSAS, MONICA 10060 NW 9 ST. CIR. #5 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSAS, ILEANA 11780 SW 18 ST #103 MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Juan ROSAS *4-25-08* (305) 450-4487
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #