2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# P99000109196

Entity Name: INVESTMENT & REAL ESTATE, INC.

Current Principal Place of Business:

9 ISLAND AVE
APT. 1903
MIAMI BEACH, FL 331391361

New Principal Place of Business:

Current Mailing Address:

9 ISLAND AVE
APT. 1903
MIAMI BEACH, FL 331391361

New Mailing Address:

FEI Number: 65-1099793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSAS, JUAN
9 ISLAND AVE
APT. 1903
MIAMI BEACH, FL 331391361 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ROSA, JUAN
Address: 9 ISLAND AVE
City-St-Zip: MIAMI BEACH, FL 331391361

Title: D ( ) Delete
Name: ROSAS, JUAN C
Address: 1228 PENSILVANIA AVE. #8
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD ( ) Delete
Name: ROSAS, MONICA
Address: 10060 NW 9 ST. CIR. #5
City-St-Zip: MIAMI, FL 33172

Title: TD ( ) Delete
Name: ROSAS, ILEANA
Address: 11780 SW 18 ST #103
City-St-Zip: MIAMI, FL 33175

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN ROSAS PD 05/04/2009

Electronic Signature of Signing Officer or Director — Date