2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S65763

1. Entity Name

B & K REAL ESTATE INVESTORS, INC.



Principal Place of Business

Mailing Address

14089 SW 144 AVE RD MIAMI, FL 33186 US 14089 SW 144 AVE RD MIAMI, FL 33186 US

FILED Jan 28, 2008 8:00 am Secretary of State

01-28-2008 90040 013 ***150.00



DO NOT WRITE IN THIS SPACE

01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0279369

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, BENJAMIN H JR. 6550 S.W. 126TH STREET MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

_	ions of egistered agent.						
SIGNATURE	Signature, typed or printed name of registered agent and title	of applicable. (NOTE: Registered	1 Agent signature	required when reinstating)	DATE	_	
FiL After M	E NOWIR FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS]	·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALKER, BENJAMIN H JR. 6550 SW 126 STREET MIAMI, FL 33156						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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

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 trusted 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIC

HNG DEFICER OR DIRECTOR

1-24-08

(305) 235-1394

Daytime Phone #