

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V10127

FILED
Apr 19, 2009
Secretary of State

Entity Name: ANJOHN REALTY INVESTMENT CORPORATION

Current Principal Place of Business:

2415 PONCE DE LEON
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

1406 MILAN AVENUE
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0310194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINI, ANGELA
1406 MILAN AVE
CORAL GABLES, FL 33134 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: PD () Delete
Name: MARTIN, RENI
Address: 1406 MILAN AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: MARTINI, JOHN
Address: 1406 MILAN AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: MARTINI, ANGELA
Address: 1406 MILAN AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: MARTINI, JOHN III
Address: 1406 MILAN AVE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARTINI, RENI
Address: 1406 MILAN AVE
City-St-Zip: CORAL GABLES, FL 33134

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: ANGELA MARTINI

SD

04/19/2009

Electronic Signature of Signing Officer or Director

Date