


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90002 027 ***150.00

DOCUMENT# P99000071240

1. EntityName
AIBREALTYHOLDINGCO.



PrincipalPlaceofBusiness MailingAddress

1925 BRICKELL AVE STE D206 1925 BRICKELL AVE STE D206
 MIAMI, FL 33129 MIAMI, FL 33129

43010074



02162004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber 65-1108930	AppliedFor NotApplicable
5. CertificateofStatusDesired <input type="checkbox"/> \$8.75 Additional FeeRequired	

6. NameandAddressofCurrentRegisteredAgent

MIAMICORPORATEREGISTRY
 1925BRICKELLAVESTED206
 MIAMI,FL33129

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmits thisstatementfor thepurposeof changingitsregisteredofficeorregisteredagent,orboth,in theStateofFlorida. Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ (NOTE:RegisteredAgentsignaturerequiredwhenever instating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00


9. ElectionCampaignFinancing TrustFundContribution. **\$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE NAME STREETADDRESS CITY-ST-ZIP	S BESU,ROGER 1925BRICKELLAVESTED206 MIAMI,FL33129
TITLE NAME STREETADDRESS CITY-ST-ZIP	DP BARAKAT <i>BARAKAT</i> BARAKAT <i>America</i> GRANVIA#8LOMASDEURDESA GUAYAGUIL,ECUADOR,
TITLE NAME STREETADDRESS CITY-ST-ZIP	
TITLE NAME STREETADDRESS CITY-ST-ZIP	
TITLE NAME STREETADDRESS CITY-ST-ZIP	
TITLE NAME STREETADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. IherbycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE:  *V-104* *305-8546363*

SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#