2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #359414 1. Entity Name COMMODORE REALTY, INC.

FILED Jan 31, 2008 08:00 AN Secretary of State

Principal Place of Business 30 WEST MASHTA DRIVE SUITE 400 KEY BISCAYNE, FL 33149		Mailing Address 30 WEST MASHTA DRIVE SUITE 400 KEY BISCAYNE, FL 33149					
A CONTROL OF THE PARTY OF THE P			Mary 1 1 1 Ac				
ANTONIA CONTRACTOR OF THE SECOND SECOND			<u> </u>	01102008 No Chg-P CR2E034 (11/05)			11/05)
DO NOT WRITE IN THIS SPAC			CE ,	4. FEI Number 59-1361		Applied For Not Applicable	
Sometime to the second of the					f Status Desired		75 Additional
, 11	6. Name and Address of Current Re	glatered Agent	artentifor , totas andre	n iversaudersiffign	linds acylon des visitates		Required संज्ञादक्षिकाद्वादक्
SUITE 400	MASHTA DRIVE	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 Signature, typical or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rematating) DATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				00 May Be ed to Fees	U00000 02/06/08:)806435 -80641-0	19 150 BD
10.	OFFICERS AND DI	RECTORS		ri . S .	, ,	9. 7. 1 19	
TITLE NAME	PSTD PUYANIC, JENNIE		,		A Property of	Targette Later	
STREET ADORESS City-St-Zip	30 WEST MASHTA DR, STE 400 KEY BISCAYNE, FL 33149				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		t t
TITLE NAME	D PUYANIC, MAX D						
STREET ADDRESS CITY-ST-ZIP	30 WEST MASHTA DR, STE 400 KEY BISCAYNE, FL 33149	•	2° , 4°			r yarar 1	
TITLE	VP RHEW, CATHERINE		Marghi daya a qoo		. 		m marken can a
STREET ADDRESS City-St-Zip	605 OCEAN DRIVE S APT 9-L KEY BISCAYNE, FL 33149			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS			1	IN Ţ	HIS SP	ACE	Part of the second
CITY-ST-ZIP TITLE			7m, 15 5 2 5 2 5 2 6 2 6 2 6 2 6 2 6 2 6 2 6	in his			
name Street address City-St-Zip				PH.			
TITLE NAME			A Sugar	Sec. 1			
STREET ADDRESS CITY-ST-ZIP	and the shade the independent of the state o	a filing done not qualify for the	wastons contributed	in Chapter 110	Florida States	further codifice	net the information
12. I hereby o	ertify that the information supplied with thi	s mind does not quality for the exe	implions contained	in Chapter 119,	riorida Statutes, I I	iuriner centify th	iai ine iniormation

Interest certify that the information supplied with this little does not repairly for the exemptions contained in Chapter 119, Florida Statutes. I turner certify that if an 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 emprovered to execute the 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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Davtime Phone #