

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 03, 2009  
Secretary of State**

DOCUMENT# 359414

Entity Name: COMMODORE REALTY, INC.

**Current Principal Place of Business:**

30 WEST MASHTA DRIVE  
SUITE 400  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

30 WEST MASHTA DRIVE  
SUITE 400  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 59-1361256      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PUYANIC, MAX D  
30 WEST MASHTA DRIVE  
SUITE 400  
KEY BISCAYNE, FL 33149 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: PSTD ( ) Delete  
Name: PUYANIC, JENNIE  
Address: 30 WEST MASHTA DR, STE 400  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: PUYANIC, MAX D  
Address: 30 WEST MASHTA DR, STE 400  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP ( ) Delete  
Name: RHEW, CATHERINE  
Address: 605 OCEAN DRIVE S APT 9-L  
City-St-Zip: KEY BISCAYNE, FL 33149

**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:

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: MAX D PUYANIC

D

03/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date