


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 595354</b> 1. Entity Name <b>LAMERICA REALTY COMPANY OF MIAMI, INC.</b>	
---	---

Principal Place of Business <b>2355 SALZEDO ST., SUITE 201 SUITE 201 CORAL GABLES, FL 33134 US</b>	Mailing Address <b>2355 SALZEDO ST., SUITE 201 CORAL GABLES, FL 33134</b>
---	--

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1874708</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

**6. Name and Address of Current Registered Agent**

**ALVAREZ, RAUL  
2355 SALZEDO STREET, SUITE 201  
CORAL GABLES, FL 33134**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, RAUL 1555 PALERMO AVE. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000530104  
01/10/07-80034-006 150.00

**DO NOT WRITE IN THIS SPACE**

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 trustee 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:** RAUL ALVAREZ **1/10/07 305 441-1414**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #