


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 651025 1. Entity Name COMREAL MIAMI, INC.	
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Principal Place of Business 8725 N.W. 18TH TERRACE, SUITE #105 MIAMI, FL 33172	Mailing Address 8725 N.W. 18TH TERRACE, SUITE #105 MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1955574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, STEPHEN H
8725 N.W. 18TH TERRACE
SUITE 105
MIAMI, FL 33172

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, STEPHEN H 8725 N.W. 18TH TERRACE , #105 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEINL, J L III 8725 NW 18 TER, #105 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REDLICH, EDWARD J 8725 NW 18TH TERRACE #105 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCHENRY, PHYLLIS S 8725 N.W. 18TH TERRACE #105 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000177660
01/11/05-80059-001 450.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **1/11/05 305-591-3064**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #