

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 651025

FILED
Nov 22, 2006
Secretary of State**Entity Name:** COMREAL MIAMI, INC.**Current Principal Place of Business:**8725 N.W. 18TH TERRACE, SUITE #105
DORAL, FL 33172**New Principal Place of Business:****Current Mailing Address:**8725 N.W. 18TH TERRACE, SUITE #105
DORAL, FL 33172**New Mailing Address:****FEI Number:** 59-1955574**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SMITH, STEPHEN H
8725 N.W. 18TH TERRACE
SUITE 105
DORAL, FL 33172 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, STEPHEN H
Address: 8725 N.W. 18TH TERRACE , #105
City-St-Zip: DORAL, FL 33172

Title: VP () Delete
Name: HEINL, J L III
Address: 8725 NW 18 TER, #105
City-St-Zip: DORAL, FL 33172

Title: VP () Delete
Name: REDLICH, EDWARD J
Address: 8725 NW 18TH TERRACE #105
City-St-Zip: DORAL, FL 33172

Title: V () Delete
Name: MCHENRY, PHYLLIS S
Address: 8725 N.W. 18TH TERRACE #105
City-St-Zip: DORAL, FL 33172

Title: VP () Delete
Name: NOBLE, DAVID A
Address: 8725 NW 18TH TERRACE #105
City-St-Zip: DORAL, FL 33172

Title: VP (X) Delete
Name: ALVAREZ, ROLANDO A
Address: 8725 N.W. 18TH TERRACE #105
City-St-Zip: DORAL, FL 33172

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:

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 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: STEPHEN H. SMITH

P

11/22/2006

Electronic Signature of Signing Officer or Director

Date