2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 19, 2008 8:00 am Secretary of State **DOCUMENT #651025** 1. Entity Name 02-19-2008 90028 004 ***150.00 COMREAL MIAMI, INC. Principal Place of Business Mailing Address 8725 N.W. 18TH TERRACE, SUITE #105 8725 N.W. 18TH TERRACE, SUITE #105 DORAL, FL 33172 DORAL, FL 33172 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02132008 Chg-P City & State City & State 4. FEI Number Applied For 59-1955574 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name SMITH, STEPHEN H Street Address (P.O. Box Number is Not Acceptable) 8725 N.W. 18TH TERRACE SUITE 105 DORAL, FL 33172 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Addition SMITH, STEPHEN H NAME NAME STREET ADDRESS 8725 N.W. 18TH TERRACE, #105 STREET ADDRESS CITY-ST-ZIP DORAL, FL 33172 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change ☐ Addition NAME HEINL, J L III NAME STREET ADDRESS 8725 NW 18 TER, #105 STREET ADDRESS CITY-ST-ZIP DORAL, FL 33172 CITY-ST-ZIP TITLE VP_ ☐ Delete TITLE Change · 🔲 Addition NAME REDLICH, EDWARD J NAME STREET ADDRESS 8725 NW 18TH TERRACE #105 STREET ADDRESS CITY-ST-ZIP DORAL, FL 33172 CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE Change ☐ Addition MCHENRY, PHYLLIS S NAME NAME STREET ADDRESS 8725 N.W. 18TH TERRACE #105 STREET ADORESS CITY-ST-ZIP DORAL, FL 33172 CITY-ST-ZIP VΡ Delete TITLE TITLE Change ☐ Addition NAME GARCIA-ALLEN, MICHELLE T STREET ADDRESS 8725 N.W. 18TH TERRACE, #105 STREET ADDRESS DORAL, FL 33172 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute the receiver of the corporation or the receiver or trustee empowered to execute the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

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Date

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Daytime Phone #