

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90208 025 \*\*\*150.00

**60035402**



DOCUMENT # 664657			
1. Entity Name NEIGHBORS REALTY, INC.			
Principal Place of Business 1800 W 49 ST. 307 HIALEAH, FL 33012		Mailing Address 1800 W 49 ST. 307 HIALEAH, FL 33012	
2. Principal Place of Business - No P.O. Box # 1900 W 54 ST.		3. Mailing Address 1900 W 54 ST.	
Suite, Apt. #, etc. 417 B		Suite, Apt. #, etc. 417 B	
City & State HIALEAH - FL		City & State HIALEAH - FL	
Zip 33012		Zip 33012	
Country USA		Country USA	
4. FEI Number 59-2122196		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRABLE, DIEGUEZ AND DE LE TORRE, P.A. 1140 WEST 50TH STREET, STE 207 HIALEAH, FL 33012		7. Name and Address of New Registered Agent	
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAZAN, JOSE J 1900 W 54 ST, #307 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.			
SIGNATURE: 		4/26/08 305.556-5555	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	