2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # H09895				Secretary of State		
1. Entity Nam THE COM	MREAL COMPANIES					
Principal Plac	e of Business	Mailing Address		1		
8725 NW 18	TH TERR	8725 NW 18TH TERR Ste 105				
STE 105   Miami, FL 33	3172	MIAMI, FL 33172		1 (48)		
_			01052005	No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPAC			CE	4. FEI Numbi		Applied For
				59-245		Not Applicable  \$8.75 Additional
				5. Certificate	of Status Desired	Fee Required
<u> </u>	6. Name and Address of Current Re	iglstered Agent				
SMITH, STEPHEN H. C/Q COMREAL				DO	<b>NOT W</b>	RITE
8725 N.W. 18TH TERRACE, STE. 105 MIAMI, FL 33172			IN THIS SPACE			
				IIV	ITIO OF	ACE
8 The above	a named antiture inmits this statement for t	ha number of changing its register	ad office or radiate	rod agent or hal	th Ta the State of Flo	orlide. Low families with and appent
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.			<u></u>			·····
	Signature, typed or printed name of registered agent and	I title if applicable (NOTE Registere	ed Agent signature requires	d when reins(ating)	·	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Final Trust Fund Contribution,		.00 May Be led to Fees		
10.	OFFICERS AND DI	RECTORS				White to make
TITLE NAME	DP SMITH, STEPHEN H.				HAMA	0177684
STREET ADDRESS	8725 N.W. 18TH TERR.	=			01/11/05	-xinsa-noi 450, no
CITY-ST-ZIP	MIAMI, FL	·	<u></u>		Turne en	
HAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE			<del>-</del>	· <del></del>	<del>-</del>	
NAME						
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HILE			IN THIS SPACE			
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TITLE		<u> </u>	<b>-</b>			
NAME						
STREET ADDRESS CITY-ST-ZIP						
TITLE						·
NAME						
STREET ADORESS	İ		1			

12. I hereby certify that the information supplied with this filling 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 rify signature shall have the same legal effect as if made under cath, 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 arrest dress, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/02

BUE-192- WE

Date Daytime Phone #