


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90254 044 ***150.00

DOCUMENT # P02000103051

1. Entity Name
 CONTEMPORARY REALTY, INC.



Principal Place of Business
 1450 MADRUGA AVENUE, SUITE 303
 CORAL GABLES, FL 33146

Mailing Address
 1450 MADRUGA AVENUE, SUITE 303
 CORAL GABLES, FL 33146

2. Principal Place of Business
 1500 San Remo Avenue
 Suite, Apt. #, etc.
 Suite 410
 City & State
 Coral Gables

3. Mailing Address
 1500 San Remo Avenue
 Suite, Apt. #, etc.
 Suite 410
 City & State
 Coral Gables

Zip
 33146

Country
 USA

Zip
 33146

Country
 USA

01092006 Chg-P CR2E034 (11/05)

4. FEI Number
 05-0532368

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COSCULLUELA, JR., EUGENIO
 1450 MADRUGA AVENUE, SUITE 303
 CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 1500 San Remo Avenue, Suite 410

City Coral Gables FL Zip Code 33146

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PUENTE, ALEJANDRO 1450 MADRUGA AVE., SUITE 303 MIAMI, FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HINDS, JAMES 1450 MADRUGA AVE., SUITE 303 MIAMI, FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1500 San Remo Avenue, Suite 410 Coral Gables, FL 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1500 San Remo Avenue, Suite 410 Coral Gables, FL 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee 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: ALEJANDRO PUENTE 1/10/06 305 662 6840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

60003007

