## 2007 FOR PROFIT CORPORATION, ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR

## FILED DOCUMENT # P04000088372 Mar 02, 2007 08:00 A Secretary of State 1. Entity Name COOK REALTY GROUP, INC. Principal Place of Business Mailing Address **2635 WEST 81 STREET** 2635 WEST 81 STREET HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business - No P O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. # etc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 65-1052984 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBINSON, RAYMOND L ESQ. Street Address (P.O. Box Number is Not Acceptable) ROBINSON & ASSOCIATES, P.A 1501 VENERAL AVENUE, SUITE 300 CORAL GABLES FL 33146 City Zip Code 8. The above named ontity 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 of printed name of registered agent and title r applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition HILE ☐ Defelo THE COOK, DANIEL P NAME NAME 2635 WEST 81 STREET, SUITE 1 STRIET ADDRESS STREET ADDRESS HIALEAH FL 33016 U00000653529 CITY-ST-7IP CHY-ST-ZIP 03/13/07-80025-024-150-00 Addition VP TITLE ☐ Delete THE COOK, DANIEL P. NAME NAMI 2635 WEST 81 STREET, SUITE 1 STREET ADDRESS STREET ADDRESS HIALEAH FL 33101-6 CITY - ST - 7IP CHY-S1-7P ☐ Addition ☐ Delete ☐ Change TITLE THE COOK, DANIEL P NAMI NAME 2635 WEST 81 STREET, SUITE 1 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 CITY - ST - ZIP CITY - ST- ZIP TITLE ☐ Delete Addition NAM NAM STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-ST-7IP ☐ Delete Change Addition DHE DIG NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-SI-ZIP Change Addition HILL Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 4