2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 31, 2008 08:00 AM DOCUMENT # P04000088372 1. Entity Name **Secretary of State** COOK REALTY GROUP, INC. Principal Place of Business Mailing Address **2635 WEST 81 STREET** 2635 WEST 81 STREET SUITE 1 HIALEAH FL 33016 SUITE 1 HIALEAH FL 33016 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-1052984 Not Applicable Zip Country 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 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, typed or printed name of registrood orient and titls. I applicable (NOTE: Registered Agent eighnture required when reinstitling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 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 TITLE Addition TITLE Delete COOK, DANIEL P NAME MAME STREET ADDRESS 2635 WEST 81 STREET, SUITE 1 STREET ADDRESS U000000808328 CITY-ST-ZIP CITY-SI-ZIP HIALEAH FL 33016 <u>-018 150.00</u> 02/07/08-80044-Derete TITLE ☐ Change notibbA 🔲 TITLE MAINE NAME COOK, DANIEL P 2635 WEST 81 STREET, SUITE 1 STREET ADDRESS STREET ADDRESS CITY-ST-7IP HIALEAH FL 33101-6 CITY ST-78 ☐ Change Addition ☐ Datete TITLE TITLE NAME MAME COOK, DANIEL P STREET ADDRESS STREET ADDRESS 2635 WEST 81 STREET, SUITE 1 CITY-ST-7IP CITY-ST-ZIP HIALEAH FL 33016 ☐ Change Addition Delete TITLE NAML STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP TITLE Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OIIY-ST-719 12. Thereby 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 office 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 an officer like empowered.

OFFICER OR DIRECTOR

FILED

Daytime Phone #