2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 28, 2007 08:00 AM DOCUMENT # P04000115750 **Secretary of State** PRINCIPAL REALTORS, INC. Principal Place of Business Mailing Address 1455 N. TREASURE DR, #7F 1455 N. TREASURE DR, #7F NORTH BAY VILLAGE, FL 33141 NORTH BAY VILLAGE, FL 33141 02242007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0881815 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BECERRA, MARIA E DO NOT WRITE 13040 NW 8 ST MIAMI, FL 33182 IN THIS SPACE 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. 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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE STEVENAZZI, MARIA STREET ADDRESS 1455 N. TREASURE DR, #7F U00000650649 CATY-ST-7IP NORTH BAY VILLAGE, FL 33141 03/08/07-80022-005 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME

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 all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP 1/TLE NAME STREET ADDRESS CITY-ST-ZIP

ENATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Dat**e**

Daytime Phone #

FILED