

2008 FOR PROFIT CORPORATION ANNUAL REPORT

150.00

FILED
08 MAR -5 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02152008 Chg-P CR2E034 (12/06)

4. FEI Number **54-1367586** Applied For Not Applicable

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

DOCUMENT # P23163
1. Entity Name
MCAVA REAL ESTATE, INC.



Principal Place of Business
**406 W HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441**

Mailing Address
**9810 NW 10TH STREET
FORT LAUDERDALE, FL 33322**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
406 West Hillsboro Blvd.
Suite, Apt. #, etc.

City & State
Deerfield Beach, FL

Zip **33441** Country

6. Name and Address of Current Registered Agent
ALONSO, STEPHEN
406 W HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent
Name **CorpDirect Agents, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
515 East Park Avenue
City **Tallahassee** FL Zip Code **32301**

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 *Stephenson* **Assistant Secretary** DATE **3/4/08**

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete ALONSO, STEPHEN M. 406 W HILLSBORO BLVD. DEERFIELD BEACH, FL 33441 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700120089527 03/12/08--01016--007 **2400.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Stephen M. Alonso* **Stephen M. Alonso** Date **21 Feb 08** Daytime Phone # **954-300-7444**