2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
May 31, 2006 08:00 AM
Secretary of State

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1. Entity Name

METRO-DADE REAL ESTATE CO.



Principal Place of Business

1401 PONCE DE LEON BLVD. STE 401

CORAL GABLES, FL 33134

Mailing Address

1401 PONCE DE LEON BLVD. STE 401

CORAL GABLES, FL 33134



05192006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0524357 Applied For Not Applicable

305

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCELO, ARMANDO J 1401 PONCE DE LEON BLVD PENTHOUSE CORAL GABLES, FL 33134

SIGNATURE

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| 8. The above the obligat | named entity submits this statement for the ions of registered agent. | purpose of char | nging its registered offi | ce or re | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | | | | | |
|---------------------------------------|---|--------------------|--|---------------------------------------|--------------------------------|--|--|--|--|--|--|
| SIGNATURE_ | Signature, typed or printed name of registered agent and to | ille if applicable | (NOTE Registered Agent | signature | required when reinstating) | DATE | | | | | |
| | LE NOW!!! FEE IS \$150.00 ue by September 6, 2006 | | Campaign Financing nd Contribution. | | \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | | | |
| 10. | OFFICERS AND DIR | ECTORS | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BUCELO, ARMANDO J 506 SW 68TH AVE MIAMI, FL | | | | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BUCELO, DEL CARMEN M 506 SW 68TH AVE MIAMI, FL | | | | | U00000566445 05/31/06-80004-010 150.00 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | DO | NOT WRITE | | | | | |
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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 of supplemental report is true and acturate 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 affactment, with an address, with all energy like empowered.