2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Mar 24, 2008 08:00 A DOCUMENT # P94000028969 1. Entity Name Secretary of State METRO-DADE REAL ESTATE CO. Principal Place of Business Mailing Address 1401 PONCE DE LEON BLVD. 1401 PONCE DE LEON BLVD. STE 401 STE 401 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Saite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0524357 Not Applicable Zıp Country Ζp 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 BUCELO, ARMANDO J Street Address (P.O. Box Number is Not Acceptable) 1401 PONCE DE LEON BLVD **PENTHOUSE** CORAL GABLES FL 33134 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Significate, typed or crafted hand of registered agent and the Tappicable. (NOTE: Registered Agent aignature required when reinstating) 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 000000867359 | charge | 0 04/08/08-80066-014 150.00 C Dalete пπе NAME BUCELO, ARMANDO J NAME STREET ADDRESS 506 SW 68TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ De-ete TITLE ☐ Change ■ Addition NAME BUCELO, DEL CARMEN M NAME STREET ADDRESS 506 SW 68TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP DILLE ☐ Derete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Derete ☐ Change Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ De-ele TITLE ☐ Change Addition намг STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP TITLE ☐ Change Delete Addition NAME NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not quarty for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplier entail 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 thistee 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 (see exprovered.)

STREET ADDRESS

CITY ST-ZIP

SIGNATURE:

CITY-ST-ZIP

2008 305-442-1942