## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## FILED Jan 12, 2007 8:00 am Secretary of State 01-12-2007 90017 037 \*\*\*150.00

**DOCUMENT # P98000020639** COMNET REALTY, INC. Principal Place of Business Mailing Address 20001288 1900 NW CORPORATE BLVD 4800 N FEDERAL HWY B205 STE 102 WEST BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4800 Suite, Apt. #, Suite, Apt. #, etc. 01042007 CR2E034 (12/06) Chg-P City & State 4. FEI Number City & State Applied For 65-0816499 Not Applicable Zin 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 H3cry ZUKER, HARRY 1900 NW CORPORATE BLVD Address (P.O. Box Number is Not Acceptable) Fedoral **#102 WEST** BOCA RATON, FL 33432 omits this statements the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity si the obligations of regis SIGNATURE (NOTE: Registered Agent signature regulaed when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition NAME ZUKER, HARRY NAME STREET ADDRESS 1900 NW CORPORATE BLVD, #103-W STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME LANDE, PETER NAME STREET ADDRESS 4800 N FEDERAL HWY B205 STREET ADDRESS BOCA RATON, FL 33431 City-St-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME ZUKEIL, HARRY NAME Zuker, Harr 4800 N FEDERAL HWY B205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP TITLE Oelete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 tollistee 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 a their like empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR