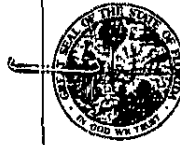


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000057070**

1. Entity Name  
**SOCRATES REALTY, INC.**



Principal Place of Business  
 2199 PONCE DE LEON BOULEVARD  
 SUITE 301  
 CORAL GABLES, FL 33134 US

Mailing Address  
 2199 PONCE DE LEON BOULEVARD  
 SUITE 301  
 CORAL GABLES, FL 33134 US



05072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0853154** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

STEWART AGENT SERVICES  
 2199 PONCE DE LEON BOULEVARD  
 SUITE 301  
 CORAL GABLES, FL 33134

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund 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 DIRECTORS**

TITLE	PSD
NAME	STINSON, LOUIS JR
STREET ADDRESS	2199 PONCE DE LEON BOULEVARD, SUITE 301
CITY - ST - ZIP	CORAL GABLES, FL 33134

000000951575  
 06/04/08-80041-014 150.00

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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: \_\_\_\_\_ Date: **5-14-08** Daytime Phone #: **305-444-8807**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR