


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000045077
 1. Entity Name
COURTHOUSE REALTY CORPORATION



Principal Place of Business 6950 NW 77 CT MIAMI, FL 33166	Mailing Address PO BOX 520687 MIAMI, FL 33152
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01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0920667	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAYSON, MOISES T
 25 S.E. 2ND AVE., STE. 730
 MIAMI, FL 33131

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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 _____

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TERNER, SALOMON 6950 NW 77 CT MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CEDENO, SERGIO 6950 NW 77 CT MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TERNER, SALOMON 6950 NW 77 CT MIAMI, FL 33166
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UD0000830206
 02/26/08-80074-006 150.00

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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 lines empowered.

SIGNATURE: _____ **2/7/08** **305 266 9000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #