
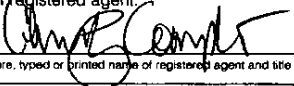


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90029 008 \*\*\*150.00

DOCUMENT # S68588					
1. Entity Name KISLAK REALTY EQUITIES, INC.					
Principal Place of Business 7900 MIAMI LAKES DR. W. HIALEAH, FL 33016			Mailing Address 7900 MIAMI LAKES DR. W. HIALEAH, FL 33016		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0276948	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		04022008 Chg-P CR2E034 (12/06)			
Not Applicable					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUEZ, CHRISTY 7900 MIAMI LAKES DR. W. MIAMI LAKES, FL 33016			Name Complo, Christy		
			Street Address (P.O. Box Number is Not Acceptable)		
			7900 Miami Lakes Drive West		
			City Miami Lakes,		FL
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: 		Christy Complo, VPS		4/2/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KISLAK, JAY I.	NAME			
STREET ADDRESS	7900 MIAMI LAKES DR. W.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES, FL	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUBOW, CHERYL	NAME			
STREET ADDRESS	7900 MIAMI LAKES DR. W.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES, FL 33016	CITY-ST-ZIP			
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARTELMO, THOMAS	NAME			
STREET ADDRESS	7900 MIAMI LAKES DR WEST	STREET ADDRESS			
CITY-ST-ZIP	MIAMI LAKES, FL 33016	CITY-ST-ZIP			
TITLE	VPS <input type="checkbox"/> Delete	TITLE	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, CHRISTY	NAME	Complo, Christy		
STREET ADDRESS	7900 MIAMI LAKES DRIVE WEST	STREET ADDRESS	7900 Miami Lakes Drive West		
CITY-ST-ZIP	MIAMI LAKES, FL 33016	CITY-ST-ZIP	Miami Lakes, FL 33016		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRAUN, STEPHEN	NAME			
STREET ADDRESS	7900 MIAMI LAKES DR. W	STREET ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 33016	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		Christy Complo, VPS		4/2/08 (305) 364-4101	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	