
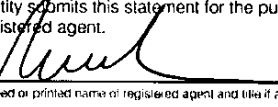
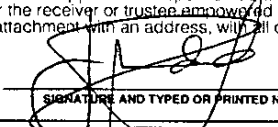


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90276 043 ***150.00

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # P97000031087 1. Entity Name WARREN LANE REALTY CORP. | | | |  | |
| Principal Place of Business 848 BRICKELL AVE PENTHOUSE I MIAMI, FL 33131 | | | Mailing Address 848 BRICKELL AVE SUITE 700 MIAMI, FL 33131 | | |
| 2. Principal Place of Business 848 Brickell Ave | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. 700 | | Suite, Apt. #, etc. | | | |
| City & State Miami FL | | City & State | | | |
| Zip 33131 | | Country USA | | Zip | |
| Country | | 4. FEI Number 65-0751272 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO & MORENO, P.A. 900 INGRAHAM BLDG. 25 SOUTHEAST 2ND AVE. MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name Murai Wald Biondo Moreno & Borchin P.A. Street Address (P.O. Box Number is Not Acceptable) Two Alhambra Plaza Penthouse 1 B City Coral Gables FL Zip Code 33134 | | |
| 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  Rene V. Murai 4/21/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | P ARDID, JOSE M 848 BRICKELL AVE, SUITE 700 MIAMI, FL 33131 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D INIGO, ARDIO 848 BRICKELL AVE SUITE 700 MIAMI, FL 33131 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DIEGO, ARDID 848 BRICKELL AVE SUITE 700 MIAMI, FL 33131 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Jose Ardid 4/18/05 305-377-1001 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small> | | | | | |