

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90096 020 ***150.00

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1. Entity Name
COURTHOUSE REALTY CORPORATION

Principal Place of Business
SALOMON TERNER
6701 NW 7TH ST. #125
MIAMI, FL 33126

Mailing Address
PO BOX 520687
MIAMI, FL 33152

60028606



2. Principal Place of Business
6950 NW 77 CT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142006

Chg-P

CR2E034 (11/05)

City & State
MIAMI FL

City & State

4. FEI Number
65-0920667

Applied For
Not Applicable

Zip
33166 Country
MIAMI-DADE

Zip Country

5. Certificate of Status Desired ☐ **\$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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **TERNER, SALOMON**
STREET ADDRESS **6950 NW 77 CT**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **T** ☐ Delete
NAME **CEDENO, SERGIO**
STREET ADDRESS **6950 NW 77 CT**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME **PRESIDENT**
STREET ADDRESS **SALOMON TERNER**
CITY-ST-ZIP **6950 NW 77 CT**
MIAMI FL 33166

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALOMON TERNER, Pres. 2/15/06 305-266-9000

Date

Daytime Phone #