

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 217574**

1. Entity Name  
**CATAMAL REALTY INC**



Principal Place of Business  
**3001 PONCE DELEON BLVD  
SUITE 200  
CORAL GABLES, FL 33134**

Mailing Address  
**3001 PONCE DELEON BLVD  
SUITE 200  
CORAL GABLES, FL 33134**



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0881793**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

**MAXEY, WIRT T.  
3001 PONCE DE LEON BLVD  
SUITE 200  
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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SMITH, LYN
STREET ADDRESS	7466 OLD BAY POINTE BLVD
CITY-ST-ZIP	MILTON, FL 325832937
TITLE	PTD
NAME	MAXEY, WIRT T
STREET ADDRESS	3001 PONCE DE LEON BLVD, #200
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	VSD
NAME	MAXEY, REBECCA A
STREET ADDRESS	3001 PONCE DE LEON BLVD., #200
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	D
NAME	BOYD, CAROL
STREET ADDRESS	1715 SW MOCKINGBIRD DR
CITY-ST-ZIP	SAINT LUCIE WEST, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000597365  
01/24/07-80032-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

**WIRT T. MAXEY, PTD**

**1/17/07**

Date

**305-446-7666**

Daytime Phone #