

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90123 007 ***150.00

DOCUMENT # 359414 1. Entity Name COMMODORE REALTY, INC.					
Principal Place of Business 30 WEST MASHTA DRIVE SUITE 400 KEY BISCAVNE, FL 33149			Mailing Address 30 WEST MASHTA DRIVE SUITE 400 KEY BISCAVNE, FL 33149		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1361256	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUYANIC, MAX D 30 WEST MASHTA DRIVE SUITE 400 KEY BISCAVNE, FL 33149			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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PSTD PUYANIC, JENNIE 30 WEST MASHTA DR, STE 400 KEY BISCAVNE, FL 33149	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUYANIC, MAX D 30 WEST MASHTA DR, STE 400 KEY BISCAVNE, FL 33149	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TURNER, SANFORD 30 WEST MASHTA DRIVE, STE 400 KEY BISCAVNE, FL 33149	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Catherine Rhew 605 Ocean Dr., 8 Apt. 9-L Key Biscayne, FL 33149	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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					
Date				Daytime Phone #	



01302007 Chg-P CR2E034 (12/06)

1/30/07 3053652600