

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 19, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # 456204**

1. Entity Name  
C.I.S. REALTY, INC.



Principal Place of Business  
100 ALMERIA AVENUE, STE. 208  
CORAL GABLES, FL 33134-6027

Mailing Address  
C.I.S. REALTY, INC.  
100 ALMERIA AVENUE, STE. 208  
CORAL GABLES, FL 33134-6027



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1540628	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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

FLORENCE, WILLIAM I.  
100 ALMERIA AVENUE, STE. 208  
CORAL GABLES, FL 33134-6027

**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 reissuing)

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	PD
NAME	FLORENCE, WILLIAM I.
STREET ADDRESS	100 ALMERIA AVENUE, STE. 208
CITY-ST-ZIP	CORAL GABLES, FL 33134-6027

TITLE	S
NAME	FLORENCE, WILLIAM I
STREET ADDRESS	100 ALMERIA AVE, #208
CITY-ST-ZIP	CORAL GABLES, FL 33134

TITLE	
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01/22/07-80050-023 150.00

**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

*William I. Florence*

01-16-07

Date

305-444-9845

Daytime Phone #