

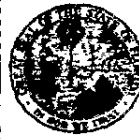
**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # 528404

1. Entity Name
FIRST MIAMI REALTY, INC.



Principal Place of Business
**1314 E CAPE CORAL WAY 204
CAPE CORAL, FL 33904 US**

Mailing Address
**P.O. BOX 1335
CAPE CORAL, FL 33910 US**



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1724436 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**SENDRA, JOSE A.
1314 E CAPE CORAL PKWY
SUITE 204
CAPE CORAL, FL 33904**

**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 reinstalling)

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**

**1100000389425
01/20/06-80041-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SENDRA, JOSE A
STREET ADDRESS	1314 E CAPE CORAL PKWY STE 204
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	S
NAME	MORALES, ROSARIO
STREET ADDRESS	1314 E CAPE CORAL PKWY STE 204
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rosario Morales*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/06 239-945-677
Date Daytime Phone #