


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 528404</b><br>1. Entity Name<br><b>FIRST MIAMI REALTY, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>1314 E CAPE CORAL WAY 204<br/>CAPE CORAL, FL 33904 US</b> | Mailing Address<br><b>P.O. BOX 1335<br/>CAPE CORAL, FL 33910 US</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04102008 No Chg-P CR2E034 (11/05)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-1724436</b> | Applied For<br>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<br><br><b>SENDRA, JOSE A.<br/>1314 E CAPE CORAL PKWY<br/>SUITE 204<br/>CAPE CORAL, FL 33904</b> |
|---|

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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|--|--|------------|

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

|   |                                       |
|---|---------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees |
|---|---------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>SENDRA, JOSE A.<br>1314 E CAPE CORAL PKWY STE 204<br>CAPE CORAL, FL 33904 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MORALES, ROSARIO<br>1314 E CAPE CORAL PKWY STE 204<br>CAPE CORAL, FL 33904  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

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04/24/08-80059-017 150.00

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.

|   |                     |                                |
|---|---------------------|--------------------------------|
| <b>SIGNATURE:</b>  | <b>04/10/08</b>     | <b>239-945-6777</b>            |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                     | <small>Date</small> | <small>Daytime Phone #</small> |