

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 562033**

1. Entity Name  
**LAREDO REALTY, INC.**



Principal Place of Business

**2997 DRY AVE  
MIAMI, FL 33133 US**

Mailing Address

**2997 DRY AVE  
MIAMI, FL 33133 US**

**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-1812821**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SEPLER, RICHARD M  
2997 DAY AVE  
MIAMI, FL 33133**

**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, 2008 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 BERRIN, ROBERT G  
STREET ADDRESS 2997 DAY AVE  
CITY-ST-ZIP MIAMI, FL 33144

TITLE PSD  
NAME SEPLER, RICHARD M  
STREET ADDRESS 2997 DAY AVE  
CITY-ST-ZIP MIAMI, FL 00000

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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02/19/08-80047-003 150.00

**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

02/02/08 305-444-6101  
Date Daytime Phone #