## 2007 FCR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 595354**

1. Entity Name

LAMÉRICA REALTY COMPANY OF MIAMI, INC.



FILED Jan 09, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

2355 SALZEDO ST., SUITE 201 SUITE 201 CORAL GABLES, FL 33134 US 2355 SALZEDO ST., SUITE 201 CORAL GABLES, FL 33134



## DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1874708 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, RAUL 2355 SALZEDO STREET, SUITE 201 CORAL GABLES, FL 33134

## DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered of	fice or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
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		9.1 Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	D. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, RAUL 1555 PALERMO AVE. CORAL GABLES, FL			·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000580104 01/10/07-80034-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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 regeliver 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 attachgent with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10707 30 44

Daytime Phone #