2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2006 08:00 AN Secretary of State

1. Entity Nam	MENT # 599227 EALTY OF FLORIDA, INC.				Secre	tary of State	
Principal Plac 8150 SW 8TI MIAMI, FL 3	H ST. #210	Mailing Address 8150 SW 8TH ST. #210 MIAMI, FL 33144	***				
D	O NOT WRITE	IN THIS SPA	CE		lo Chg-P C	R2E034 (11/05) Applied For Not Applicable	
 	6. Name and Address of Current R	egistered Agent		5. Certificate of Sta	atus Desired	\$8.75 Additional Fee Required	
8150 SW 8 MIAMI, FL	EZ, MARIO J. 3TH ST #210 33144 named entity submits this statement for ions of registered agent.	the purpose of changing its registe	ered office or registe	IN TH	OT WRI	CE	
SIGNATURE.	Signature, typed or printed name of registered agent ar	d title if applicable (NOTE: Registe	ered Agent signature require	d when reinstering)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	S. Election Campaign Fin Trust Fund Contribution		.00 May Be led to Fees			
10. TITLE NAME SIREET ADDRESS CITY-ST-ZIP	PD PD RODRIGUEZ, MARIO J. 1850 SW 8TH ST #210 MIAMI, FL	IRECTORS	-		annin ni v	64 F-4	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVAS, ARMANDO F. 9978 SW 19 ST. MIAMI, FL		·	017	/10/06-800	903 34-025 150.00	
TITLE NAME STREET ADDRESS	VT RIVAS, ANTHONY 8150 SW 8TH ST #210			DO N	OT WD	E wiley from	

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	mation
	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 o	airector
	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 named, or on an attachment with an address with all other like empowered.	UCK IIII

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTACTOR ADDRESS
CITY-ST-ZIP

MIAMI, FL

ATURE MID OF PRINTED NAME OF SIGNING OFFICER ON DIRECTION AT S

3/5/06 305-267-6789