


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90065 037 ***150.00

DOCUMENT # F06000000158

1. Entity Name
EDELWEISS REAL ESTATE INC.



Principal Place of Business Mailing Address
39 SOUTH LASALLE STREET, SUITE 1400 **39 SOUTH LASALLE STREET, SUITE 1400**
CHICAGO, IL 60602 **CHICAGO, IL 60602**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
975 Sterling Ave **975 Sterling Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Palatine IL **Palatine IL**
 Zip Country Zip Country
60067 USA **60067 USA**



07232007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
56-2548907 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD WOYTAS, T J 39 SOUTH LASALLE STREET, SUITE 1400 CHICAGO, IL 60602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD GABAL, IGOR 39 SOUTH LASALLE STREET, SUITE 1400 CHICAGO, IL 60602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ Date: **7/26/07** Daytime Phone #: **847-202-2480**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR