

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 08:00 A
Secretary of State

DOCUMENT # G42533

1. Entity Name
CERVERA REAL ESTATE, INC.



Principal Place of Business

**1492 S. MIAMI AVE
MIAMI, FL 33130 US**

Mailing Address

**1492 S. MIAMI AVE
MIAMI, FL 33130 US**



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2307606

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLDSTEIN, RICHARD M.
2 S BISCAYNE BLVD
STE 3250
MIAMI, FL 33131**

**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	DP
NAME	CERVERA, ALICIA
STREET ADDRESS	1236 ANASTASIA AVE.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	DV
NAME	CERVERA, JAVIER
STREET ADDRESS	1236 ANASTASIA AVE.
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	DS
NAME	CERVERA, VERONICA
STREET ADDRESS	3700 ALHAMBRA CT
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	DT
NAME	CERVERA, ALICIA E.
STREET ADDRESS	5510 RIVIERA DRIVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/08-80084-018 150.00

**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:

Alicia Cervera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALICIA CERVERA

4-10-08

305 374-3434

Date

Daytime Phone #