## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Feb 24, 2006 8:00 am Secretary of State **DOCUMENT # J89679** 02-24-2006 90013 007 \*\*\*150.00 1. Entity Name REALNOR PROPERTIES, INC. Mailing Address Principal Place of Business 40017854 700 BRICKELL AVE **50 S LASALLE STREET** C/O ROSE ELLIS, M-9 MIAMI, FL 33131 CHICAGO, IL 60675 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 65-0006045 Not Applicable Ζìο Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOTT, VALERIE A Street Address (P.O. Box Number is Not Acceptable) 700 BRICKELL AVE MIAMI, FL 33131 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ALONSO, JUAN C NAME 700 BRICKELL AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-7IP Delete ☐ Change TITLE TITLE Addition Richard mccroskey 700 Brickell Ave. SIGSBEE, JAMES NAME NAME STREET ADDRESS 700 BRICKELL AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-7IP Miani FL 33131 TITLE ☐ Delete TITLE ☐ Change Addition PEDROSO, GLENDA NAME NAME STREET ADDRESS 700 BRICKELL AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NOBLE, CARLOS NAME 700 BRICKELL AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP DΛ ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STOTT, VALERIE A NAME STREET ADDRESS STREET ADDRESS 700 BRICKELL AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33131 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 an other like empowered.

ER OR DIRECTOR

FILED