

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J94807</b> 1. Entity Name <b>SEC COMMERCIAL REALTY GROUP, INC.</b>						
Principal Place of Business <b>% ELLEN ROSE 1541 SUNSET DR., STE. 300 CORAL GABLES, FL 33143</b>	Mailing Address <b>% ELLEN ROSE 1541 SUNSET DR., STE. 300 CORAL GABLES, FL 33143</b>	 <div style="display: flex; justify-content: space-between; font-size: small;">04012005    No Chg-P    CR2E034 (10/03)</div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; padding: 2px;">4. FEI Number <b>65-0015758</b></td><td style="width: 20%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired    <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table>	4. FEI Number <b>65-0015758</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>						
<b>DO NOT WRITE IN THIS SPACE</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
6. Name and Address of Current Registered Agent  <b>HIGIER, GERALD M. 1541 SUNSET DR., STE. 300 CORAL GABLES, FL 33143</b>						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____						
<div style="display: flex; justify-content: space-between;"><div><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b></div><div>9. Election Campaign Financing Trust Fund Contribution.    <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</div></div>		<div style="font-family: monospace; font-size: small;">U00000316086 04/19/05-80059-022 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>				
10. OFFICERS AND DIRECTORS						
TITLE	P					
NAME	HIGIER, GERALD M.					
STREET ADDRESS	1541 SUNSET DRIVE					
CITY-ST-ZIP	CORAL GABLES, FL					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
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TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 <u>Gerald M. Higier</u> <b>Gerald M. Higier</b> 4/13/05 305-666-2140 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>						