2007 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 09, 2007 08:00 AN DOCUMENT #L39016 **Secretary of State** 1. Entity Name 6101 REALTY CORP. Principal Place of Business Mailing Address **4000 TOWERSIDE TERRACE 4000 TOWERSIDE TERRACE** 1602 1602 MIAMI, FL 33138 MIAMI, FL 33138 US No Cha-P CR2E034 (11/05) 01042007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-1982514 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent STIER, MELVIN DO NOT WRITE 4000 TOWERSIDE TERRACE STE 1602 IN THIS SPACE MIAMI, FL 33138 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TIME STIER, MEL NAME STREET ADDRESS 4000 TOWERSIDE TERRACE #1602 CITY-ST-ZIP MIAMI, FL U00000579754 01/10/07-80019-020 150.00 ST TIBLE STIER, MEL NAME STREET ADDRESS 4000 TOWERSIDE TERRACE #1602 CITY-ST-ZIP MIAMI, FL TIME NAME STREET ADDRESS

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 cath; 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 addres

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-78P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR