2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L73072

Title:

City-St-Zip:

() Delete

PALM BEACH GARDENS, FL 33403

FILED Feb 06, 2008 Secretary of State

(X) Change () Addition

PALM BEACH GARDENS, FL 33403

Entity Name: CAPITAL REALTY ADVISORS, INC.	
Current Principal Place of Business:	New Principal Place of Business:
600 SANDTREE DRIVE SUITE 109 PALM BEACH GARDENS, FL 33403 US	
Current Mailing Address:	New Mailing Address:
600 SANDTREE DRIVE SUITE 109 PALM BEACH GARDENS, FL 33403 US	
FEI Number: 65-0192168 FEI Number Applied For ()	El Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
MCDONALD, DONNA 600 SANDTREE DRIVE SUITE 109 PALM BEACH GARDENS, FL 33403 US	
The above named entity submits this statement for the purpoin the State of Florida.	ose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title:

City-St-Zip:

WILLIAMS, RALPH V. WILLIAMS, RALPH V Name: Name: 600 SANDTREE DRIVE, SUITE 109 600 SANDTREE DRIVE, SUITE 109 Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33403 City-St-Zip: PALM BEACH GARDENS, FL 33403 Title: PSD () Delete Title: (X) Change () Addition MCDONALD, DONNA M Name: MCDONALD, DONNA M. Name: Address: 600 SANDTREE DRIVE, SUITE 109 Address: 600 SANDTREE DRIVE, SUITE 109 PALM BEACH GARDENS, FL 33403 PALM BEACH GARDENS, FL 33403 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: FIMBERG, STANLEY R. Name: FIMBERG, STANLEY R 600 SANDTREE DRIVE, SUITE 109 Address: 600 SANDTREE DRIVE, SUITE 109 Address: City-St-Zip: PALM BEACH GARDENS, FL 33403 City-St-Zip: PALM BEACH GARDENS, FL 33403 Title: VPT () Delete Title: VPT (X) Change () Addition MOORE, LISA G. MOORE, LISA G Name: Name: 600 SANDTREE DRIVE, SUITE 109 600 SANDTREE DRIVE, SUITE 109 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA M. MCDONALD **PSD** 02/06/2008