

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L97995

**FILED  
Apr 21, 2008  
Secretary of State**

Entity Name: 24/7 REALTY, INC.

**Current Principal Place of Business:**

400 SW 107 AVE  
SUITE 402  
MIAMI, FL 33174 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 S.W. 107 AVE. #402  
MIAMI, FL 33174

**New Mailing Address:**

FEI Number: 65-0217228      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESCOBAR, JOAQUIN  
400 SW 107TH AVE #402  
MIAMI, FL 33174 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ESCOBAR, JOAQUIN,  
Address: 400 SW 107 AVE #402  
City-St-Zip: MIAMI, FL 33174

Title: D ( ) Delete  
Name: ESCOBAR, JOAQUIN  
Address: 400 SW 107 AVE #402  
City-St-Zip: MIAMI, FL 33174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOAQUIN ESCOBAR

PRES

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date