2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 29, 2007 08:00 AM DOCUMENT # M33145 **Secretary of State** UNITED FIRST REALTY, INC. Principal Place of Business Mailing Addross 9211 SUNSET DR 9211 SUNSET DR MIAMI FL 33173 MIAMI FL 33173 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Numbar Applied For 59-2758231 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, ALEJANDRINA Street Address (P.O. Box Number is Not Acceptable) 9211 SUNSET DRIVE, SUITE 102 **MIAMI FL 33173** Zip Code City 8. The above named ontity 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DHIAddition Delete HTLE. ☐ Change JOSE M MENENDEZ NAME NAME. U00000610566 02/02/07-80027-006 150.00 9211 SUNSET DRIVE, SUITE 102 STREET ADDRESS STREET ADDRESS MIAMI FL 33173 CITY - ST - ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition DILE DIAZ, ALEJANDRINA NAME NAME 9211 SW 71ST ST. STREET ADDRESS STREET ADDRESS **MIAMI FL 33173** CITY - ST - ZIP CITY-SI-ZIP TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAMÉ. NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP HHE ☐ Delete IIILE Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP THE Delete TITLE Change Addition NAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE