## **2008 FOR PROFIT CORPORATION FILED ANNUAL REPORT** Feb 15, 2008 08:00 AN **DOCUMENT # M62971 Secretary of State** 1. Entity Name E F HUTTON REALTY CORPORATION Principal Place of Business Mailing Address C/O 2000 S. DIXIÉ HWY., SUITE 100 C/O 2000 S. DIXIE HWY., SUITE 100 MIAMI, FL 33133-2441 MIAMI, FL 33133-2441 02132008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0276120 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ABBASSI, MICHAEL DO NOT WRITE 2000 S. DIXIE HWY. SUITE 100 IN THIS SPACE MIAMI, FL 33133 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. Lam 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS HILE ABBASSI, ALI NAME STREET ADDRESS 2000 S. DIXIE HWY, #100 MIAMI, FL 33133 CITY-ST-ZIP U00000829234 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

02/26/08-80033-014 150.00

DO NOT WRITE IN THIS SPACE

12. Thereby 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 oath; that I am an officer or director of the corporation or the receiver of frustee 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, withall other like empowered.

SIGNATURE:

NAME STREET ADDRESS

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

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR