

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M78405

Entity Name: PLS REALTY, INC.

FILED  
Jan 10, 2007  
Secretary of State

**Current Principal Place of Business:**

45 NE 16TH STREET  
MIAMI, FL 33132 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 010470  
MIAMI, FL 33101 US

**New Mailing Address:**

FEI Number: 65-0071487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAYDEN AND MILLIKEN, P.A.  
5915 PONCE DE LEON BLVD.  
SUITE 63  
MIAMI, FL 33146 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: GRIFFIN, LEIF,  
Address: 328 MANOR PLACE  
City-St-Zip: CORAL GABLES, FL 33133 US

Title: DS ( ) Delete  
Name: JENSEN, POUL,  
Address: 7244 JACARANDA LANE  
City-St-Zip: MIAMI LAKES, FL 33014

**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 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: LEIF GRIFFIN

DP

01/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date