## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000009150

Name:

Address:

City-St-Zip:

WALZ, RICHARD

5600 OAKWOOD LANE

CORAL GABLES, FL 33156

FILED Apr 30, 2007 Secretary of State

Entity Name: REALGABLES FC, INC. **Current Principal Place of Business: New Principal Place of Business:** 8040 SW 54TH CT MIAMI, FL 33143 **Current Mailing Address: New Mailing Address:** 8040 SW 54TH CT MIAMI, FL 33143 FEI Number: 20-3529023 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROQUE-VALESCO, ISMAEL 8040 SW 54TH CT MIAMI, FL 33143 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ROQUE-VELASCO, ISMAEL Name: Name: Address: 8040 SW 54TH CT Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: Title: ( ) Delete () Change () Addition SOLARANA, ALICE Name: Name: Address: 8040 SW 54TH CT Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: (X) Delete Title: () Change () Addition DEFRANKS, JOHN Name: Name: 14621 SW 82ND AVE Address: Address: City-St-Zip: PALMETTO BAY, FL 33158 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ISMAEL ROQUE-VELASCO D 04/30/2007