2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

RECEIVED FEB22222008 08:00 AN DOCUMENT # N96000004303 Secretary of State 1. Entity Name IATSE 477 REALTY CORP. Principal Place of Business Mailing Address 10705 NW 33RD STREET SUITE 110 10705 NW 33RD STREET SUITE 110 MIAMI FL 33172 **MIAMI FL 33172** 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) Applied For · City & State City & State 4. FEi Number 65-0710101 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CERCHIAI, GEORGE Street Address (P.O. Box Number is Not Acceptable) 9950 SW 162 STREET **MIAMI FL 33157** City Zip Code 8. The above named enuty 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typod or printed came of registered agent and title if applicable FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE Delete TITLE KASPER, JOHN G NAME NAME UQ00000835403 4235 SW 139 CT STREET ADDRESS STREET ADDRESS 02/29/08-80033-023 61.25 MIAMI FL 33175 CITY-ST ZIP CITY-ST-ZIP Change ☐ Addition Delate TITLE TITLE CERCHIAI, GEORGE NAME HAME 9950 SW 162ND ST STREET ADDRESS STREET ADDRESS **MIAMI FL 33157** CITY - ST - ZIP CITY-ST-ZIP DRM TITLE Change E Author Deleta TITLE NEALY, JACK R NAME NAME 188913 STARCREST LANE STREET ADDRESS STREET ADDRESS CLERMONT FL 34711 CITY-ST-ZIP City-St-7IP 1011 Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<u> 325-594</u>-8585