2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000026443

1. Entity Name
PATAGONIA REAL ESTATE, INC.

Principal Place of Business

C/O PEDRI MARTIN, ESQ. 1221 BRICKELL AVE. MIAMI, FL 33131 Mailing Address

C/O 999 PONCE DE LEON BLVD STE 1100

CORAL GABLES, FL 33134

FILED Feb 20, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02142008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2240047

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MACHADO, MARIA I 999 PONCE DE LEON BLVD STE 1100 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

STE 1100 CORAL GABLES, FL 33134			IN THIS SPACE		
	a named entity submits this statement for the p tions of registered agent.	ourpose of changing its registered	office or r	egistered agent, or bo	oth, in the State of Florida. I am tamiliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title t	(eppticable. (NOTE: Registered	Agent signature	nequired when reinstaling)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	S. Election Campaign Financing Trust Fund Contribution. Added to Fees			03/03/08-80012-004 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PST AGARDY, ZSOLT 1221 BRICKELL AVENUE MIAMI, FL 33131				
TITLE NAME STREET ADDRESS GITT-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NTLE NAME STREET ADDRESS					

12. I hereby certily that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certily 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 if changed, or on an attachment with an address, with all pither like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED WAND OF SIGNING OFFICER OR DIRECTOR

Lebrury 14, 2006
Deprise Phone 19