2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000105495

1. Entity Name

MC REALTY HOLDINGS, INC.



FILED Mar 07, 2008 8:00 am Secretary of State

03-07-2008 90041 013 ***150.00

Principal Place of Business

4901 SW 75TH AVE MIAMI, FL 33155 US

Mailing Address

4901 SW 75TH AVE MIAMI, FL 33155 US 40040888



01032008

No Cha-P

CR2E034 (11/05)

4. FEI Number 65-1053569 Applied For Not Applicable

5. Certificate of Status Desired

Po. / D Additions
Fee Required

6. Name and Address of Current Registered Agent

MEDINA, JOHN R 730 SEVILIA AVE CORAL GABLES, FL 33155

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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. I am 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 .	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MEDINA, JOHN R 730 SEVILLE AVE CORAL GABLES, FL 33134		,			
TITLE	VOD- VPD					
NAMÉ	CHOOPANI, JEFF R					
STREET ADDRESS						
CITY-ST-ZIP	MIAMI LAKES, FL 33016			بالهاب سناط الريشيات		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIA, MORAL 966 WEST 44TH STREET HIALEAH, FL 33012			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	IN THI	S SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, ,, ,, -	•	
TITLE NAME			, -			
STREET ADDRESS						

12. I hereby 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 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 other like empowered.

SIGNATURE.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

80, [s. 27]

Daytime Phone #