2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State
05-14-2007 90079 025 ***150.00

DOCUMENT # P01000024317

1. Entity Name
ACTIVE COMMUNITY REALTY INC.

Principal Place of Business
12781 S.W. 42ND ST.
SUITE I
MIAMI FL 33175
US

Mailing Address
1150 N W 72ND AVE
SUITE 555
MIAMI FL 33126
US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #
13780 SW 56 St # 228
Suite, Apt. #, etc.
Suite 228
City & State
Miami Fl
Zip
33175
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-1085277 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ARRAZCAETA, DAISY
10775 S.W. 31ST ST.
MIAMI FL 33165

7. Name and Address of New Registered Agent
Name: Arrazcaeta Daisy
Street Address (P.O. Box Number is Not Acceptable): 2940 SW 114 Av
City: Miami FL Zip Code 33165

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ARRAZCAETA, DAISY ~~10775 S.W. 31ST ST~~ 2940 SW 114 Av ~~MIAMI FL 33165~~ Miami, Fl 33165	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Jose R Arrazcaeta 2940 SW 114 Av Miami, Fl 33165	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ARRAZCAETH, DAISY 10775 S.W. 31ST ST MIAMI FL 33165	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 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: Daisy Arrazcaeta 04/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #