## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2006 08:00 AM Secretary of State DOCUMENT # P01000035420 M.S. REAL ESTATE HOLDINGS, INC. Mailing Address Principal Place of Business 831 NW 7TH TERR. 831 NW 7TH TERR. FORT LAUDERDALE, FL 33311 FORT LAUDERDALE, FL 33311 No Chg-P CR2E034 (11/05) 04182006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1150884 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SANCHEZ, JOSE M DO NOT WRITE 831 NW 7TH TERR. FORT LAUDERDALE, FL 33311 IN THIS SPACE 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 reme of registered agent and this if applicable. (NOTE: Registered Agent algorithms required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Anded to Fees 10. OFFICERS AND DIRECTORS TILE SANCHEZ, JOSE M MAME U000000523843 831 NW 7TH TERR. STREET ADDRESS 05/03/06-80081-017 150.00 FORT LAUDERDALE, FL 33311 CITY-ST-ZP mle NAME STREET ADDRESS CITY-ST-ZIP me NAME STEET ADDRESS DO NOT WRITE CITY-ST-ZIP 7171 F IN THIS SPACE STREET ACCRESS CITY-ST-ZIP IIITE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Citapter 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 cells; that I am an officer or director of the corporation or the receiver or trustee emplowered to execute this report as required by Chapter 507. 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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

M. Sanchez 4-19-06.

**FILED** 

Deptime Phone 8