

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000077717

FILED
Apr 29, 2005
Secretary of State

Entity Name: PHOENIX REAL ESTATE COUNSELORS, INC.

Current Principal Place of Business:

1221 BRICKELL AVE., 9TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

1000 PONCE DE LEON BLVD
327
CORAL GABLES, FL 33134

Current Mailing Address:

1221 BRICKELL AVE., 9TH FLOOR
MIAMI, FL 33131

New Mailing Address:

1000 PONCE DE LEON BLVD
327
CORAL GABLES, FL 33134

FEI Number: 65-1132691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACHER, CHARLES P
2655 LEJEUNE RD., STE. 1101
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DALKOWSKI, JOHN A III
Address: 1221 BRICKELL AVE., 9TH FLOOR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DALKOWSKI, JOHN A III
Address: 1000 PONCE DE LEON BLVD #327
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DALKOWSKI

CEO

04/29/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date