

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P01000097396

1. Entity Name  
PREMIER REAL ESTATE GROUP, INC.



Principal Place of Business  
500 WEST CYPRESS CREEK ROAD  
SUITE 380  
FORT LAUDERDALE, FL 33309

Mailing Address  
500 WEST CYPRESS CREEK ROAD  
SUITE 380  
FORT LAUDERDALE, FL 33309



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-1145196

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CRONIG, STEVEN ESQ.  
3250 MARY STREET  
SUITE 307  
COCONUT GROVE, FL 33133

**DO NOT WRITE  
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 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000902251  
04/29/08-80102-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	INGBER, LAURA F
STREET ADDRESS	8021 BLUE RIDGE LN.
CITY-ST-ZIP	PARKLAND, FL 33067
TITLE	D
NAME	ELLERT, CAROLYN B
STREET ADDRESS	1760 NE 1ST STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/08

954-351-5050