2007 FOR PROFIT CORPORATION

FILED , 2007 08:00 AM etary of State

Applied For Not Applicable

ANN			19, 200 / 08		
DOCUMENT # P01000 1. Entity Name 27 AVE REALTY, INC.	0101037			S	ecretary of S
Principal Place of Business 3200 W. BROWARD BLVD. FT. LAUDERDALE, FL 33312	Mailing Address 3200 W. BROWARD BLVD. FT. LAUDERDALE, FL 33312				
DO NOT WD	ITE IN THE COA	· · ·	01312007	No Chg-P	CR2E034 (11/05)
DO NOT WR	ITE IN THIS SPA	UE:	4. FÉI Number 65-1159	189	Applied F Not Appli
6. Name and Address of	Current Registered Agent	<u> </u>	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required
HAMMAD, AMJAD			DO I	NOT W	RITE

DO	NOT	WRITE
IN	THIS	SPACE

3200 W. BROWARD BLVD. FT. LAUDERDALE, FL 33312			DO NOT WRITE IN THIS SPACE			
8. The above the obligation of the obligation of the state of the stat	tions of registered agent.	surpose of changing its registered off	ice or r	egistered agent, or both	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered Agent	signature	required when reinstating)	DATE	
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HAMMAD, AMJAD 3200 W. BROWARD BLVD. FT. LAUDERDALE, FL 33312			•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,	000000671954 03/28/07-80050-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the core	certify that the information supplied with this fill on this report or supplemental report is true at portation or the receiver or trustee empowered	ing does not qualify for the exemption accurate and that my signature shall be executed by	ns con	tained in Chapter 119, e the same legal effect	Florida Statutes. I further certify that the information as if made under oath; that I am an officer or director	

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

Daytime Phone #