2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Apr 06, 2007 08:00 A Secretary of State **DOCUMENT # P02000007352** 1. Entity Name HIGH OFFICE REAL ESTATE SERVICES CORP. Principal Place of Business Mailing Address 1531 SW 193 AVE 1531 SW 193 AVE PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 US ИS 04042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0539852 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent BORTOLIN, SONIA M ESQ DO NOT WRITE 524 S. ANDREWS AVE., STE. 101N FT, LAUDERDALE, FL 33301 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 signeture required when reinstating) DATE \$5.00 May Be 9.. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CALLEALTA, GABINA WAME 1531 SW 193 AVE. U000000692601 STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES, FL 33029 04/16/07-80006-016 150.00 TITLE **CELLI, ANNA RITA** NAME STREET ADDRESS 1531 SW 193 AVE. CITY-ST-ZIP PEMBROKE PINES, FL 33029 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS

12. I hereby sertify 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:

CITY-ST-ZIP

TITLE

MAME

STREET ADDRESS

CITY-ST-ZIP