FILED 2006 FOR PROFIT CORPORATION Jan 17, 2006 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P02000009426** 1. Entity Name NAUTICA REALTY, INC. Principal Place of Business Mailing Address 14275-A S.W. 142ND AVENUE 14275-A S.W. 142ND AVENUE MIAMI, FL 33186 MIAMI, FL 33186 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 04-3599328 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TRIAY, CARLOS A ESQ. DO NOT WRITE 10570 N.W. 27 STREET #103 IN THIS SPACE MIAMI, FL 33172 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when remstating) Unon00387177 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be 01/19/06-80028-012 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BELLO, GUILLERMO C STREET ACCRESS 14275-A S.W. 142ND AVENUE CITY-ST-ZIP MIAMI, FL 33186 SD TITLE GONZALEZ, EDUARDO 14275-A S.W. 142ND AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 TD TITLE REIDY, MARTHA NAME STREET ADDRESS 14275-A S.W. 142ND AVENUE DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33186 IN THIS SPACE TITLE NAME STREET ADDRESS C/TY-ST-Z/P TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 trasted 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

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

builterno Carrio Bello 1-1106

Daytime Phone #