


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # P02000033354**

1. Entity Name  
**FL. REALTY MANAGEMENT, INC.**



FILED

06 AUG -2 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>5712 HOLLYWOOD BLVD HOLLYWOOD, FL 33021</b>	Mailing Address <b>5712 HOLLYWOOD BLVD HOLLYWOOD, FL 33021</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07312006 Chg-P CR2E034 (11/05)

4. FEI Number <b>33-1065802</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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

**PRICE, IRA B**  
**3389 CHERIDAN ST**  
**SUITE 248**  
**HOLLYWOOD, FL 33021**

*9560 S. W. 107 Ave #202*  
*MIAMI, FL 33176*

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
*9560 SW 107 Ave #202*

City *MIAMI, FL 33176* FL Zip Code

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 *IRA B. PRICE* DATE *7/31/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD MARQUINA, ANNETTE C <input checked="" type="checkbox"/> Delete	
STREET ADDRESS	5712 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	PSTD JEANNETTE BLANCO <input type="checkbox"/> Delete	
STREET ADDRESS	5712 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>300078466359</b>	
STREET ADDRESS	08/08/06--01030--003 **61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *IRA B. PRICE* Date *7/28/06* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR