Feb 15 2007 2:59PM PASI

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Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90007 045 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000071234

1. Entity Name
C AND S PREMIER REALTY, INC.

400225800

02152007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
8700 W FLAGLER ST. 165 MIAMI, FL 33174	8700 W FLAGLER ST. 165 MIAMI, FL 33174
2. Principal Place of Business - No P.O. Box # 4325 East 10th Ave	3. Mailing Address 310 East 60 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Hialeah, FL	City & State Hialeah, FL
Zip 33013 Country Dade	Zip 33013 Country Dade

4. FEI Number 68-0514467 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, FERNANDO J
8700 W FLAGLER ST.
165
MIAMI, FL 33174

7. Name and Address of New Registered Agent

Name Elsa M Perez
Street Address (P.O. Box Number is Not Acceptable) 4325 East 10th Ave
City Hialeah FL Zip Code 33013

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] 2-15-07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTDS PEREZ, ELSA M 8700 W FLAGLER ST. MIAMI, FL 33174	☐ Delete	PTDSVP Elsa M Perez 4325 East 10th Ave Hialeah, FL 33013	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD PEREZ, FERNANDO J 8700 W FLAGLER ST. MIAMI, FL 33174	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] 02-15-07 305-335-9293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #