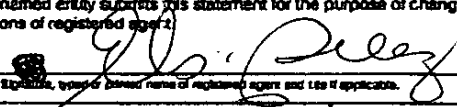
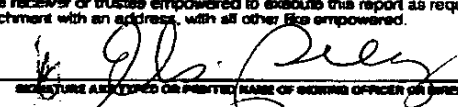


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90007 045 ***150.00

DOCUMENT # P02000071234			
1. Entity Name C AND S PREMIER REALTY, INC.			
Principal Place of Business 8700 W FLAGLER ST. 165 MIAMI, FL 33174		Mailing Address 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		Zip 33013	
Country Dade		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: 		DATE: 2-15-07	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS VP 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		DATE: 02-15-07 305-335-9293	
SIGNATURE AND/OR PRINTED NAME OF GOVERNING OFFICER OR DIRECTOR		Date	

40022580



02152007 Chg-P CR2E034 (12/06)