FILED 2007 FOR PROFIT CORPORATION Mar 19, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P02000074036 1. Entity Name GREENFIELD REAL ESTATE MANAGEMENT, INC. Mailing Address Principal Place of Business 1551 N.W. 13TH COURT 1551 N.W. 13TH COURT MIAMI, FL 33125 MIAMI, FL 33125 03152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 90-0044440 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREENFIELD, JAMES P ESQ. DO NOT WRITE 1551 NW 13 COURT MIAMI, FL 33125 IN THIS SPACE 8. The above named entity sugnits 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 regist (NOTE; Registered Agent signature required when reinstating) or printed name of registered agent and little if ap 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GREENFIELD, JAMES P NAME STREET ADDRESS 1551 N.W. 13TH COURT CITY-ST-ZIP MIAMI, FL 33125 TITLE U00000672064 03/28/07-80055-005 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplies 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/67

Daytime Phone #