



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90032 045 \*\*\*150.00

<b>DOCUMENT # P02000130489</b> 1. Entity Name <b>AWBE REAL ESTATE, INC.</b>																	
Principal Place of Business <b>3696 NORTH FEDERAL HWY. SUITE #203 FORT LAUDERDALE, FL 33308</b>			Mailing Address <b>3696 NORTH FEDERAL HWY. SUITE #203 FORT LAUDERDALE, FL 33308</b>														
2. Principal Place of Business - No P.O. Box # <b>1400 E. Oakland Park Blvd.</b>		3. Mailing Address <b>1400 E. Oakland Park Blvd.</b>		  04082008    Chg-P    CR2E034 (12/06)													
Suite, Apt. #, etc. <b>Suite #103</b>		Suite, Apt. #, etc. <b>Suite #103</b>															
City & State <b>Fort Lauderdale, FL</b>		City & State <b>Fort Lauderdale, FL</b>															
Zip      Country <b>33334      U.S.A.</b>		Zip      Country <b>33334      U.S.A.</b>															
4. FEI Number <b>04-3726945</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>PIOTRKOWSKI, JOEL S 317- 71ST STREET MIAMI BEACH, FL 33141</b>													
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>MARKOSKY, STANLEY</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>17776 VILLA CLUB WAY</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>BOCA RATON, FL 33496</b></td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	<b>MARKOSKY, STANLEY</b>		STREET ADDRESS	<b>17776 VILLA CLUB WAY</b>		CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>MARKOSKY, STANLEY</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1400 EAST OAKLAND PARK BLVD., #103</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>FORT LAUDERDALE, FL 33334</b></td> <td></td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>MARKOSKY, STANLEY</b>		STREET ADDRESS	<b>1400 EAST OAKLAND PARK BLVD., #103</b>		CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33334</b>		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.			
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Stanley Markosky, President</b>		4/9/08    954-567-5161 <small>Date      Daytime Phone #</small>															