

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90014 025 ***150.00

DOCUMENT # P03000025843

1. Entity Name
THE WEISSER REALTY GROUP, INC.



Principal Place of Business
801 NE 167 ST. 2ND FLOOR
MIAMI, FL 33162

Mailing Address
801 NE 167 ST. 2ND FLOOR
MIAMI, FL 33162

4000000000



DO NOT WRITE IN THIS SPACE

03072007 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2333633

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WEISSER, MICHAEL
801 NE 167 ST 2ND FLOOR
MIAMI, FL 33162

**DO NOT WRITE
IN THIS SPACE**

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, 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

TITLE PD
NAME WEISSER, MICHAEL H
STREET ADDRESS 801 N.E. 167TH ST., 2ND FLOOR
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE SD
NAME WEISSER, DARIA S
STREET ADDRESS 801 N.E. 167TH ST., 2ND FLOOR
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162

TITLE TD
NAME WEISSER, JUSTIN P
STREET ADDRESS 801 N.E. 167TH ST., 2ND FLOOR
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33612

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-07 305-690-9110