
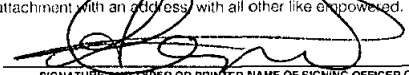


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000082702			
1. Entity Name PREFERRED REAL ESTATE ASSOCIATES, INC.			
Principal Place of Business 9745 SUNSET DR. #209 MIAMI, FL 33173		Mailing Address 2350 SW 123RD AVENUE MIAMI, FL 33175	
2. Principal Place of Business		3. Mailing Address <b>9745 Sunset Dr.</b>	
Suite, Apt #, etc.		Suite, Apt #, etc. <b>#209</b>	
City & State		City & State <b>Miami, Florida</b>	
Zip		Zip <b>33173</b>	
Country		Country <b>Miami-Dade</b>	
4. FEI Number 02102005		Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired 20-0142933		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARNERO, SISI 2350 SW 123RD AVENUE MIAMI, FL 33175		7. Name and Address of New Registered Agent Name <b>Carnero, SISI</b> Street Address (P.O. Box Number's Not Acceptable) <b>5224 NW 94 Doral Pl</b> City <b>Miami, FL</b> Zip Code <b>33178</b>	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P CARNERO, SISI 2350 SW 123RD AVENUE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carnero, SISI 5224 NW 94 Doral Pl Miami, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARNERO, SISI 2350 SW 123RD AVENUE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carnero, SISI 5224 NW 94 Doral Pl Miami, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARNERO, SISI 2350 SW 123RD AVENUE MIAMI, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carnero, SISI 5224 NW 94 Doral Pl. Miami, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 419.07(3)(i), 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: <b>4/11/05</b> (305) 271-2450	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date and Phone #	

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