

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 Suite, Apt #, etc.		3. Mailing Address 9745 Sunset Dr. #209	
City & State Miami, Florida		4. FEI Number 20-0142933	
Zip 33173		Country Miami-Dade	
5. Certificate of Status Desired A		\$8.75 Additional Fee Required	
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 Carnero, Sisi Street Address (P.O. Box Number is Not Acceptable) 5224 NW 94 Doral Pl City Miami, FL Zip Code 33178	
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 re-registering). DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME CARNERO, SISI STREET ADDRESS 2350 SW 123RD AVENUE CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE Carnero, Sisi NAME 5224 NW 94 Doral Pl STREET ADDRESS Miami, FL 33178 CITY-ST-ZIP Miami, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME CARNERO, SISI STREET ADDRESS 2350 SW 123RD AVENUE CITY-ST-ZIP MIAMI, FL 33175	<input type="checkbox"/> Delete	TITLE Carnero, Sisi NAME 5224 NW 94 Doral Pl STREET ADDRESS Miami, FL 33178 CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/11/05 (305) 271-2450 Daytime Phone #	

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