


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90087 049 ***150.00

DOCUMENT # P03000107162 1. Entity Name LAST FRONTIER REALTY, CORP.					
Principal Place of Business 1880 S OCEAN DRIVE TOWER SUITE #503 W HALLANDALE BEACH, FL 33009			Mailing Address 1880 S OCEAN DRIVE TOWER SUITE # 503 W HALLANDALE BEACH, FL 33009		
2. Principal Place of Business - No P.O. Box # 2519 Polk St.		3. Mailing Address 2519 Polk St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hollywood, FL		City & State Hollywood, FL		4. FEI Number 37-1476529	
Zip 33020		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LASERNA, GUSTAVO 1880 S OCEAN DRIVE TOWER SUITE # 503 W HALLANDALE BEACH, FL 33009		7. Name and Address of New Registered Agent Name Gustavo Laserna Street Address (P.O. Box Number is Not Acceptable) 2519 Polk St. City Hollywood FL Zip Code 33020			
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	DPVT LASERNA, GUSTAVO 1880 S OCEAN DRIVE TS # 503 W HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT Gustavo Laserna 2519 Polk St. Hollywood, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Iliana Laserna 2519 Polk St. Hollywood, FL 33020 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
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	
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	
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 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 #					

40075210



04162008 Chg-P CR2E034 (12/06)