

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90008 009 \*\*\*150.00

**DOCUMENT # P03000115320**

1. Entity Name  
**FIRST STANDARD REALTY, INC.**



Principal Place of Business  
**2600 DOUGLAS ROAD  
604  
CORAL GABLES, FL 33134-4304 US**

Mailing Address  
**2600 DOUGLAS ROAD  
604  
CORAL GABLES, FL 33134-4304 US**

**40028668**



02042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0442486**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**REGISTER & COMPANY, P.A.  
2600 DOUGLAS ROAD  
604  
CORAL GABLES, FL 33134-4304**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPT
NAME	FLEMING, LOUIS A MR.
STREET ADDRESS	2600 DOUGLAS RD., SUITE #604
CITY-ST-ZIP	CORAL GABLES, FL 331346100
TITLE	S
NAME	FERNANDEZ, LUIS LUCAS MR.
STREET ADDRESS	960 MINORCA AVENUE 711 SW 28th Road
CITY-ST-ZIP	CORAL GABLES, FL 331344304 Miami, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	33129-2520
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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

**11/FEB/2008**  
Date  
**305 7536768**  
Daytime Phone #