


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90393 037 ***150.00

DOCUMENT # P04000024473		
1. Entity Name 4 C'S REALTY, INC.		

Principal Place of Business 9380 SUNSET DRIVE #B214 MIAMI, FL 33173	Mailing Address 9380 SUNSET DRIVE #B214 MIAMI, FL 33173
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2. Principal Place of Business <i>13911 SW 42 STREET</i>	3. Mailing Address <i>13911 SW 42 STREET</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>MIAMI, FLORIDA</i>	City & State <i>MIAMI, FLORIDA</i>
Zip <i>33175</i>	Zip <i>33175</i>
Country <i>USA</i>	Country <i>USA</i>

6. Name and Address of Current Registered Agent FERNANDEZ, JOSE L 9380 SUNSET DRIVE #B214 MIAMI, FL 33173		7. Name and Address of New Registered Agent Name <i>JOSE L. FERNANDEZ</i> Street Address (P.O. Box Numbers Not Acceptable) <i>13911 SW 42 STREET</i> City <i>MIAMI</i> FL <i>33175</i>	
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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DEL BUSTO, EMMA G <input type="checkbox"/> Delete 9380 SUNSET DRIVE #B214 MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST EMMA DEL BUSTO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13911 SW 42 STREET MIAMI, FLORIDA 33175
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
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]* 4/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #