


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90117 032 \*\*\*150.00

<b>DOCUMENT # P04000074511</b>		
1. Entity Name ALOFT REALTY, INC.		

Principal Place of Business 2522 SW 27 AVENUE 4 MIAMI, FL 33133	Mailing Address P.O. BOX 453433 MIAMI, FL 33245
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**50014543**

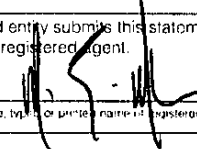
2. Principal Place of Business 2522 SW 27 Avenue Suite, Apt. #, etc. Suite 1 City & State Miami, FL Zip 33133 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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04182006 Chg-P CR2E034 (11/05)

4. FEI Number 51-0507929		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MEDINA, MARIO E 2522 SW 27 AVENUE, SUITE 1 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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  DATE 4-18-06

Signature, type or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	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	DPV MEDINA, MARIO E 2522 SW 27 AVENUE - SUITE 1 MIAMI, FL 33133 <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	ST MEDINA, MARIO E 2522 SW 27 AVENUE - SUITE 1 MIAMI, FL 33133 <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
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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 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:  DATE 4-18-06 (305) 542-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR