2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State
03-01-2006 90023 040 ***150.00

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1. Entity Name
FAMAR REAL ESTATE HOLDINGS, INC.

Principal Place of Business	Mailing Address
520 BRICKELL BAY ONE, UNIT 2014 MIAMI, FL 33131 520 Brickell Key Dr. Unit # 2014 Miami, FL 33131	520 BRICKELL BAY ONE, UNIT 2014 MIAMI, FL 33131

01292006 No Chg-P CR2E034 (11/05)

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4. FEI Number
98-0424375
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ABESADA, PETER R ESQ.
2725 SALZEDO ST., 2ND FLOOR
CORAL GABLES, FL 33134

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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 _____
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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	ALVEAR, MARCELO
STREET ADDRESS	520 BRICKELL KEY DRIVE UNIT 2014
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	T
NAME	ALVEAR, FABIANA
STREET ADDRESS	520 BRICKELL KEY DRIVE UNIT 2014
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	T
NAME	ALVEAR, MARIA DELIA
STREET ADDRESS	520 BRICKELL KEY DRIVE UNIT 2014
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 01/08/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #