

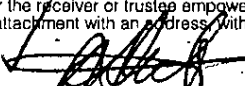


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 A
Secretary of State

DOCUMENT # P04000116620 1. Entity Name SOUTH FLORIDA EXECUTIVE REALTY, INC.					
Principal Place of Business 9990 SW 77TH AVE SUITE 330 MIAMI, FL 33156-2661			Mailing Address 9990 SW 77TH AVE SUITE 330 MIAMI, FL 33156-2661		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01182007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 55-0879208	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARGOLIS, JOHN A ESQ 9990 SW 77TH AVE SUITE 330 MIAMI, FL 33156-2661			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D MINETO, AJ 7220 NW 36TH STREET SUITE 527 MIAMI, FL 33166	<div style="display: flex; justify-content: space-between;"> <div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition UN00000618049 02/08/07-80014-012 150.00 </div> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <div> TITLE NAME STREET ADDRESS CITY-ST-ZIP </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>			
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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:  <div style="float: right; text-align: right;"> 01/30/2007 305-9689296 <small>Date Daytime Phone *</small> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					