


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90097 047 \*\*\*150.00

<b>DOCUMENT # P04000145891</b>	
1. Entity Name <b>PUNTA DEL ESTE REAL ESTATE, INC.</b>	

Principal Place of Business <b>9577 HARDING AVE SURFSIDE, FL 33154</b>	Mailing Address <b>9577 HARDING AVE SURFSIDE, FL 33154</b>
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2. Principal Place of Business - No P.O. Box # <b>1111 Kane Concourse</b>	3. Mailing Address <b>1111 Kane Concourse</b>
Suite, Apt. #, etc. <b>509</b>	Suite, Apt. #, etc. <b>509</b>
City & State <b>Bay Harbor</b>	City & State <b>Bay Harbor</b>
Zip <b>33154</b>	Country
Zip <b>33154</b>	Country

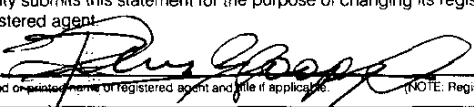


04272007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-1786108</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>WESTON CORPORATE ADMINISTRATION LLC 17120 ROYAL PALM BLVD 3 WESTON, FL 33326</b>	7. Name and Address of New Registered Agent Name <b>RECALDE, RUBEN DANIEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>5940 NW 193rd ST</b> City <b>Miami</b> FL Zip Code <b>33015</b>
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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  DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BAYLEY, FERNANDO J 9577 HARDING AVENUE SURFSIDE, FL 33154 <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	VPTD PATELLA, MARIA E 9577 HARDING AVENUE SURFSIDE, FL 33154 <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	D RUBINO, BARBARA A 9577 HARDING AVENUE SURFSIDE, FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>RECALDE, RUBEN DANIEL 5940 NW 193rd ST Miami FL 33015</b>
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:  **04.27.07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #