2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 01, 2008 8:00 am Secretary of State **DOCUMENT # P04000162160** 05-01-2008 90251 008 ***150 00 SOUTHEAST REALTY OF DADE, INC Principal Place of Business Mailing Address 250 GIRALDA AVENUE 7600 RED ROAD CORAL GABLES, FL 33134 US SUITE 300 SOUTH MIAMI, FL 33143 2. Principal Place of Business - No P.O. Box # 1450 NW 87 QVR . 3. Mailing Address 1450 NW 87 Chue. Suite, Apt. #, etc Suite, Apt. #, etc. 04012008 Chg-P CR2E034 (12/06) Suite 210 4. FEI Number Applied For City & State City & State 20-1945652 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ÚS しり Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NUNEZ, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable) 7600 RED ROAD, SUITE 300 SOUTH MIAMI, FL 33143 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete ☐ Change ☐ Addition TITLE NUNEZ, ALEJANDRO NAME NAME STREET ADDRESS 250 GIRALDA AVENUE STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 trusted 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 applicas, with all other like empowered. SIGNATURE: _

ED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Davtime Phone #