2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 08, 2006 8:00 am Secretary of State 05-08-2006 90268 007 ***150.00

DOCUMENT # P05000038772 1. Enlity Name EXTRA MILE REALTY INC						05-08-2006	90268 00)7 ***15	0.00
Principal Plac	e of Business	Mailing Address	Mailing Address			. • -			
812 NE 125TH STREET NORTH MIAMI, FL 33161		812 NE 125TH STREET North Miami, FL 33161			, (48)			11 18 8 11 (7818 111	PI=6 12 149
Principal Place of Business		3. Mailing Address							
Stille, Apt. #, etc.		Suite, Apt. #, etc.		04262006	Chg-P		34 (11/05)		
City & State		City & State			4. FEI Number	20-249	8113		oplied For ot Applicable
Zip	Country	Zip	Coun	try]	of Status Desired	F	\$8.75 Add ee Require	
	6. Name and Address of Currer	nt Registered Agent		Name	7. Name and	Address of New R	egistered A	gent	
PILAR DE	PILAR DE LA CRUZ			Name					
812 NE 125TH STREET NORTH MIAMI, FL 33161				Street Address	et Address (P.O. Box Number is Not Acceptable)				
				City			FL	Zip Code	e
8. The above the obligat	e named entity submits this statement tions of registered agent.	for the purpose of changing if	ts registere	ed office or registe	ered agent, or both	, in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE	Signature: typed or printed name of registered age	mi and title if applicable. (NC	OTF Registered	d Agent signature require	ed when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Camp Trust Fund Cor	•	cing \$5	5.00 May Be ded to Fees	.,			
10.	10. OFFICERS AND DIRECTORS 11.				ADDITIONS/0	HANGES TO OFFI	ICERS AND	DIRECTORS	S IN 11
'ITE			TITLE			- 	_	Change	☐ Addition
STREET ADDRESS			NAME	ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
TITLE		☐ Delete 110					-	☐ Change	Addition
NAME:			NAME						—
STREET ADDRESS				ET ADDRESS					
CITY ST-ZIP			_	ST-ZIP					
NAME			TITLE					☐ Change	☐ Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				ST-ZIP					
1:TLE	☐ Delete		TITLE					Change	Addition
NAME:	1		NAME						
STREET ADDRESS CITY ST-ZIP				ST-ZIP					
TILE		☐ Delete	TITLE		<u>. </u>			Change	☐ Addition
NAME			NAME						
STREET ADDRESS				T ADDRESS					
CITY SI-ZIP			-	ST-ZIP					
TILE		Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME STREE	T ADDRESS					
CITY ST-ZIP				ST-ZIP					
					-				

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 it 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: PILOT DC LO CTUZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-06

305 226 3443

Daytime Phone #