


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90080 029 ***150.00

DOCUMENT # P05000109542 1. Entity Name ACCESS REALTY & ASSOCIATES, INC.					
Principal Place of Business 8726 NW 26 ST. STE #11 MIAMI, FL 33172			Mailing Address 8726 NW 26 ST. STE #11 MIAMI, FL 33172		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALBERT J. LAZO, P.A. 3326 MARY STREET, SUITE 601 MIAMI, FL 33133				Name Carlos de Varona Street Address (P.O. Box Number is Not Acceptable) 8726 NW 26 STREET #11 City Doral FL Zip Code 33172	
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 <u><i>Carlos de Varona</i></u> (NOTE: Registered Agent signature required when reinstating) DATE 03-08-06					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DP VARONA, CARLOS D 15065 MONTROSE RD MIAMI LAKES, FL 33133 <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	DV VEGA, ADOLFO D 6301 SIMMONS ST MIAMI LAKES, FL 33014 <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	
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: <u><i>Carlos de Varona</i></u> (PRESIDENT)			3/8/06 305-613-6936		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40029946



03082006 Chg-P CR2E034 (11/05)

4. FEI Number **84-1704500** Applied For Not Applicable

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

03-08-06

52547

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ATTACHMENT

P05000109542

Form SS-4 (Rev. February 2006) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		OMB No. 1545-0003	
		EIN		84-1704500	
Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested ACCESS REALTY & ASSOCIATES, INC.				
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name		
	4a Mailing address (room, apt., suite no. and street, or P.O. box)		5a Street address (if different) (Do not enter a P.O. box.)		
	8726 NW 26 Street #11				
	4b City, state, and ZIP code		5b City, state, and ZIP code		
	Miami, Fl. 33172				
6 County and state where principal business is located Miami-Dade, Fla					
7a Name of principal officer, general partner, grantor, owner, or trustee Adolfo D. Vega			7b SSN, ITIN, or EIN 596-05-8521		
8a Type of entity (check only one box)					
<input type="checkbox"/> Sole proprietor (SSN) _____					
<input type="checkbox"/> Partnership					
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120S					
<input type="checkbox"/> Personal service corporation					
<input type="checkbox"/> Church or church-controlled organization					
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____					
<input type="checkbox"/> Other (specify) ▶ _____					
<input type="checkbox"/> Estate (SSN of decedent) _____					
<input type="checkbox"/> Plan administrator (SSN) _____					
<input type="checkbox"/> Trust (SSN of grantor) _____					
<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government					
<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military					
<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises					
Group Exemption Number (GEN) ▶ _____					
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country	
		Fla			
9 Reason for applying (check only one box)					
<input checked="" type="checkbox"/> Started new business (specify type) ▶ _____					
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____					
<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____					
<input type="checkbox"/> Purchased going business					
<input type="checkbox"/> Created a trust (specify type) ▶ _____					
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
<input type="checkbox"/> Hired employees (Check the box and see line 12.)					
<input type="checkbox"/> Compliance with IRS withholding regulations					
<input type="checkbox"/> Other (specify) ▶ _____					
10 Date business started or acquired (month, day, year). See instructions. 8/5/05			11 Closing month of accounting year December		
12 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ June 06					
13 Highest number of employees expected in the next 12 months (enter -0- if none). Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)			Agricultural		Household
					Other
					2
14 Check one box that best describes the principal activity of your business.					
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker					
<input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail					
<input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) _____					
15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Real Estate Brokerage					
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note. If "Yes," please complete lines 16b and 16c.					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____					
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.					
Third Party Designee	Designee's name Bart C. Vidal, CPA			Designee's telephone number (include area code) (305) 553-7029	
	Address and ZIP code 8550 W. Flagler St #111, Miami, fl. 33144			Designee's fax number (include area code) (305) 221-8725	
	Name and title (type or print clearly) ▶ Adolfo D. Vega			Applicant's telephone number (include area code) (305) 613-6936	
Signature ▶ <i>Adolfo D. Vega</i>			Date ▶ 3/8/06		
Applicant's fax number (include area code) ()					

1 P00-829-4933