2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED SECRETARY OF STATE DOCUMENT # P06000007228 DIVISION OF CORPORATIONS GIUFEL REAL ESTATE INVESTMENT CORP. 97 APR 18 AM 8: 46 Principal Place of Business Mailing Address 2655 LEJEUNE ROAD SUITE 507 2655 LEJEUNE ROAD SUITE 507 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202007 Chg-P CR2E034 (12/06) City & State X Applied For City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132 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. | 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 ministating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition CASCARANO, GIUSEPPE NAME NAME STREET ADDRESS 2655 LEJEUNE ROAD SUITE 507 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP **DVPS** TITLE ☐ Delete TITLE ☐ Change Addition CASCARANO, FELICETTA NAME STREET ADDRESS 2655 LEJEUNE ROAD SUITE 507 STREET ADDRESS CITY-ST-7IP CORAL GABLES, FL 33134 CITY-ST-7IP 70009749675470 Addition 04/19/07--01003--017 **6758.79 IITLE ☐ Delete TITLE CASCARANO, FELICETTA NAME NAME 2655 LEJEUNE ROAD SUITE 507 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ever otions contained in Chapter 119, Florida Statutes. I further certify that the information for shall have the same legal effect as if made under oath; that I am an officer or director by do by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the re changed, or on an attack SIGNATURE: DIRECTOR Date Daytime Phone