

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000070358

Entity Name: 6887 REALTY CORP, INC.

**FILED**  
**Jul 30, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

6887 W. 4TH AVE.  
HIALEAH, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

6887 W. 4TH AVE.  
HIALEAH, FL 33014

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BONITTO, RAYMOND  
6887 W. 4TH AVE.  
HIALEAH, FL 33014 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BONITTO, VICTORIA  
Address: 6887 W. 4TH AVE.  
City-St-Zip: HIALEAH, FL 33014

Title: VP (X) Delete  
Name: OCONNELL, JANET  
Address: 6887 W 4TH AVENUE  
City-St-Zip: HIALEAH, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: OCONNELL, JANET  
Address: 6887 W 4TH AVENUE  
City-St-Zip: HIALEAH, FL 33014

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET OCONELL

P

07/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date