


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

37

FILED
Apr 16, 2007 8:00 am
Secretary of State

03-26-2007 90054 026 ***150.00

DOCUMENT # P06000115832 1. Entity Name ACCESSIONE REALTY, INC.					
Principal Place of Business 6970 N.W. 186 ST. SUITE 110 MIAMI, FL 33015			Mailing Address 6970 N.W. 186 ST. SUITE 110 MIAMI, FL 33015		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 87-0781284	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARCO, OSCAR 6970 NW 186 ST SUITE 110 MIAMI, FL 33015			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE:		
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when renewing)</small>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			\$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	P BARCO, OSCAR 6970 NW 186 ST MIAMI, FL 33015		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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	
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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>José Oscar Barco</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03-07-07 <small>Date Daytime Phone</small>		

66009376



03192007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

FL Zip Code