
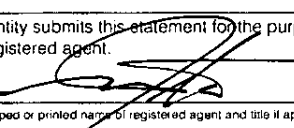
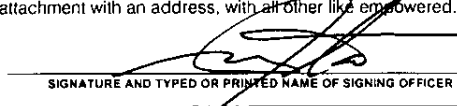


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90041 028 \*\*\*150.00

<b>DOCUMENT # P06000116261</b> 1. Entity Name <b>COLDWELL MANAGEMENT DIRECT, INC.</b>					
Principal Place of Business <b>4600 SW 67TH AVE., #153 MIAMI, FL 33155</b>			Mailing Address <b>4600 SW 67TH AVE., #153 MIAMI, FL 33155</b>		
2. Principal Place of Business - No P.O. Box # <b>5201 Blue Lagoon Drive</b>		3. Mailing Address <b>5201 Blue Lagoon Drive</b>			
Suite, Apt. #, etc. <b>8th floor</b>		Suite, Apt. #, etc. <b>8th floor</b>			
City & State <b>miami, FL</b>		City & State <b>miami, FL</b>			
Zip <b>33126</b>		Country <b>USA</b>		Zip <b>33126</b>	
Country <b>USA</b>		4. FEI Number <b>56-2609281</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>RETA, MARCOS II 4600 SW 67TH AVE., #153 MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent Name <b>RETA, MARCOS II</b> Street Address (P.O. Box Number is Not Acceptable) <b>5201 Blue Lagoon Drive</b> <b>8th floor</b> City <b>miami</b>		
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.			FL Zip Code <b>33126</b>		
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<b>RETA, MARCOS II, PUTSDMC</b> <b>7/16/7.</b> <small>(NOTE: Registered Agent signature required when restating)</small> <small>DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME RETA, MARCOS II STREET ADDRESS 4600 SW 67TH AVE., #153 CITY-ST-ZIP MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE <b>PUTSDMC</b> NAME <b>RETA, MARCOS II</b> STREET ADDRESS <b>5201 Blue Lagoon Drive, 8th floor</b> CITY-ST-ZIP <b>miami, FL 33126</b>	<input checked="" 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	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>7/16/7.</b> <b>786-218-3047</b> <small>Date Daytime Phone #</small>		

ATTACHMENT

40126623

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS[Home](#) [Contact Us](#) [E-Filing Services](#) [Document Searches](#) [Forms](#) [Help](#)**2007 Annual Report**

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

**\*\* This information cannot be changed on the report. \*\***

**Document Number** P06000116261

**Business Entity Name** COLDWELL MANAGEMENT DIRECT, INC.

**Original File Date** 09/07/2006

**FEI Number**

**Principal Address** 4600 SW 67TH AVE., #153  
MIAMI, FL 33155

**Mailing Address** 4600 SW 67TH AVE., #153  
MIAMI, FL 33155

**Registered Agent** II MARCOS RETA  
4600 SW 67TH AVE., #153  
MIAMI, FL 33155

**Officer/Director Name And Address**

PD  
II MARCOS RETA  
4600 SW 67TH AVE., #153  
MIAMI, FL 33155

- ☒ **After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.**

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