


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000119102 1. Entity Name LCR REALTY CORP.						FILED 07 MAR 27 PM 1:48 DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5761 NW 37TH AVENUE MIAMI, FL 33142				Mailing Address 5761 NW 37TH AVENUE MIAMI, FL 33142			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent LARREA & ORTEGA 150 ALHAMBRA CIRCLE SUITE 950 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name DADE CORPORATE SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY SUITE 200 City MIAMI FL Zip Code 33145			
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>Vivian Williams</i></u> Vivian Williams <u>3/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 D <input type="checkbox"/> Delete NAME SIGERMAN, MICHAEL STREET ADDRESS 5761 NW 37TH AVENUE CITY-ST-ZIP MIAMI, FL 33142				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME PLOSHNICK, GARY STREET ADDRESS 5761 NW 37TH AVENUE CITY-ST-ZIP MIAMI, FL 33142				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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>Michael Sigerman</i></u> Michael Sigerman <u>3/14/07</u> <u>305-635-3469</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

MICHAEL SIGERMAN, DIRECTOR