

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-03-2007 90017 050 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

4/3/2007-90017-050-\$150.00-\$150.00

DOCUMENT # P06000156179

1. Entity Name
MIR REALTY CORP.

Principal Place of Business
1000 ISLAND BLVD UNIT 2102
AVENTURA FL 33160

Mailing Address
1000 ISLAND BLVD UNIT 2102
AVENTURA FL 33160

2. Principal Place of Business - No P.O. Box #
Same as above

3. Mailing Address
Same as above

Subs. Advt. #, etc.

City & State

Zip

4. FEI Number
30-8163734

5. Certificate of Status Desired \$0.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent
SOFER, BENNY
1000 ISLAND BLVD UNIT 2102
AVENTURA FL 33160

7. Name and Address of New Registered Agent

9. 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 _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$350.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOFER, MIRA	NAME	
STREET ADDRESS	1000 ISLAND BLVD UNIT 2102	STREET ADDRESS	
CITY, ST., ZIP	AVENTURA FL 33160	CITY, ST., ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST., ZIP		CITY, ST., ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST., ZIP		CITY, ST., ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST., ZIP		CITY, ST., ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ DATE: 3/14/07 212-575-0213

66009659



1st MOORE CR2E034 (10/06)

FL Zip Code