

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P07000027774

1. Entity Name
DOUBLE CLICK REALTY INC.



Principal Place of Business
21355 E DIXIE HWY
SUITE 101
AVENTURA, FL 33180

Mailing Address
21355 E DIXIE HWY
SUITE 101
AVENTURA, FL 33180

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

05192008

Chg-P

CR2E034 (12/06)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORKIDI, ALBERTO
21355 E DIXIE HWY
SUITE 101
AVENTURA, FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CORKIDI, ALBERTO
STREET ADDRESS 21355 E DIXIE HWY, STE 101
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Change ☐ Addition
NAME 800131390298
STREET ADDRESS 06/17/08--01010--001
CITY-ST-ZIP **61.25

TITLE VP ☒ Delete
NAME LEVIN, ERIK
STREET ADDRESS 20533 BISCAYNE BLVD #N-144
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TRE ☒ Delete
NAME CORKIDI, MOISES
STREET ADDRESS 21355 E DIXIE HWY, STE 101
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED

08 JUN -9 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Alberto Corkidi 5/27/08

3059313136