2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 02, 2008 8:00 am
Secretary of State
04-29-2008 90088 036 ***150.00

DOCUMENT # P07000074907

1. Entity Name
LOWEN WINGATE REALTY GROUP, INC.

66012842

04242008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
6804 NW 20TH AVE. FT. LAUDERDALE, FL 33330-9 US	6804 NW 20TH AVE. FT. LAUDERDALE, FL 33330-9 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5440 NW 33 Avenue	5440 NW 33 Avenue
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101
City & State Ft Lauderdale FL	City & State Ft Lauderdale FL
Zip 33309 Country USA	Zip 33309 Country USA

4. FEI Number 26-0448075 ☐ 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
D'SERGIO, JENNIFER L 9370 W. BAY HARBOR DR. #12 BAY HARBOR ISLANDS, FL 33154	Name D'Sergio, Jennifer L. Street Address (P.O. Box Number Is Not Acceptable) 5440 NW 33 Avenue Suite 101 City FT Lauderdale FL Zip Code 33309

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 Jennifer D'Sergio 4/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SANCHEZ-PINO, JORGE M 6200 NE 22ND WAY #304 FT. LAUDERDALE, FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP D'SERGIO, JENNIFER L 9370 W. BAY HARBOR DR. #12 BAY HARBOR ISLANDS, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR EIRIZ, JOSE E 669 SW 168 WAY PEMBROKE PINES, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR EIRIZ, DAVID E 669 SW 168 WAY PEMBROKE PINES, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Jorge M. Sanchez-Pino 4/24/08 954.485.4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #