2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

07-25-2006 90022 005 ***150.00
08-22-2006 90029 001 ***400.00

DOCUMENT # P19948

1. Entity Name
FIRST REALTY CAYMAN CORPORATION

Principal Place of Business
%CFS
BOX 613
GRAND CAYMAN, CAYMAN ISLANDS,

Mailing Address
C/O LEGAL ASSETS, INC
1401 BRICKELL AVE., SUITE 700
MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1864464
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

LEGAL ASSETS, INC.
1401 BRICKELL AVE.
SUITE 700
MIAMI, FL 33131

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	MUDRY, LOUIS M.
STREET ADDRESS	1401 BRICKELL AVE., SUITE 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	AS
NAME	ZELMAN, RICHARD M.
STREET ADDRESS	1401 BRICKELL AVE., STE 700
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	EL KHEREIJI, MOHAMED
STREET ADDRESS	1401 BRICKELL AVE., STE 700
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	EL KHEREIJI, YOUSSEF
STREET ADDRESS	1401 BRICKELL AVE., STE 700
CITY-ST-ZIP	MIAMI, FL
TITLE	VD
NAME	EL KHEREIJI, RAAD
STREET ADDRESS	1401 BRICKELL AVE., SUITE 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VD
NAME	EL KHEREIJI, FAISAL
STREET ADDRESS	1401 BRICKELL AVE., SUITE 700
CITY-ST-ZIP	MIAMI, FL 33131

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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: Kill Fller, Ass. Secy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21, 2006 (305) 371-8797
Date Daytime Phone #