

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P23163

1. Entity Name
MCAVA REAL ESTATE, INC.



Principal Place of Business
406 W HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

Mailing Address
9810 NW 10TH STREET
FORT LAUDERDALE, FL 33322

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

3. Mailing Address
406 West Hillsboro Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152008

Chg-P

CR2E034 (12/06)

City & State

City & State
Deerfield Beach, FL

4. FEI Number

54-1367586

Applied For

Not Applicable

Zip

Country

Zip

Country

33441

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

ALONSO, STEPHEN
406 W HILLSBORO BLVD.
DEERFIELD BEACH, FL 33441

Name CorpDirect Agents, Inc.

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

515 East Park Avenue

City Tallahassee

FL

Zip Code
32301

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

Assistant Secretary

3/4/08

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

TITLE P ☐ Delete
NAME ALONSO, STEPHEN M.
STREET ADDRESS 406 W HILLSBORO BLVD.
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700120089527
03/12/08--01016--007 **2400.00

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

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

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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

Stephen M. Alonso

Date

Daytime Phone #

21 Feb 08 954-300-7444

FILED
08 MAR -5 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



150.00