


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90079 040 ***150.00

| | |
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| DOCUMENT # P93000033913 |  |
| 1. Entity Name MAHOGANY REALTY, INC. | |

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|---|---|
| Principal Place of Business 21 SE 5TH ST. STE 100 BOCA RATON, FL 33432 US | Mailing Address 6700 NW BROKEN SOUND PKWY STE 203 BOCA RATON, FL 33487 US |
|---|---|



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|--|-----------------------|--|-----------------------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 21 SE 5TH STREET A 100 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State BOCA RATON | | City & State BOCA RATON | |
| Zip 33432 | Country FLA | Zip 33432 | Country FLA |

01042007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0411512

| | |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

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

6. Name and Address of Current Registered Agent

**ELIAS, MAX
6700 NW BROKEN SOUND PKWY
STE 203
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name **ELIAS, MAX**

Street Address (P.O. Box Number is Not Acceptable)
**21 SE 5TH STREET A 100
BOCA RATON**

FL Zip Code **33432**

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, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DP ELIAS, MAX 6700 NW BROKEN SOUND PKWY STE 203 BOCA RATON, FL 33487 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV ELIAS, HOWARD 6700 NW BROKEN SOUND PKWY STE 203 BOCA RATON, FL 33487 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Max Elias* 4/11/07 561 997 6453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #