


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90031 045 \*\*\*150.00

|                                   |   |
|-----------------------------------|---|
| DOCUMENT # P93000080825           |  |
| 1. Entity Name<br>MI REALTY, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>3900 GALT OCEAN DR<br>1506<br>FORT LAUDERDALE, FL 33308 US | Mailing Address<br>3900 GALT OCEAN DR<br>1506<br>FORT LAUDERDALE, FL 33308 US |
|---|---|

40067130



|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>1881 NE 26 ST<br>Suite, Apt. #, etc.<br>212 | 3. Mailing Address<br>6595 MURANOWAY<br>Suite, Apt. #, etc. |
|---|---|

03262008 Chg-P CR2E034 (12/06)

|                                  |                               |
|----------------------------------|-------------------------------|
| City & State<br>WILTON MANORS FL | City & State<br>LAKE WORTH FL |
| Zip<br>33305                     | Zip<br>33467                  |
| Country                          | Country                       |

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>65-0451186 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>TRONCO, RITA<br>3900 GALT OCEAN DR<br>STE 1506<br>FORT LAUDERDALE, FL 33308 |  |
|--|--|

|   |  |
|---|--|
| 7. Name and Address of New Registered Agent<br>Name TRONCO, RITA<br>Street Address (P.O. Box Number is Not Acceptable)<br>6595 MURANOWAY<br>City LAKE WORTH FL Zip Code 33467 |  |
|---|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>TRONCO, RITA<br>3900 GALT OCEAN DR STE 1506<br>FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>TRONCO, RITA<br>6595 MURANOWAY<br>LAKE WORTH FL 33467 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: Rita Tronco 4-9-08 361-967-0221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #