

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000036938

1. Entity Name
CONSOLIDATED REAL ESTATE, INC.



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

Mailing Address
C/O JOAN 1 NEUWIRTH, PA
9810 NW 10 ST
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.

City & State

City & State
Deerfield Beach, FL

Zip

Country

Zip
33441

Country

02152008

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0519055

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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]

Assistant Secretary

[Signature]

3/4/08

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

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

TITLE ST ☐ Delete
NAME ALONSO, KATHY
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400120089484
CITY-ST-ZIP 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]

Stephen M. Alonso

28 Feb 08 954-300-7441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

150.00
FILED
08 MAR -5 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

