2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Feb 15, 2007 08:00 AN Secretary of State

1. Entity Name 9090 REALTY, INC.	0041		·
Principal Place of Business 9090 S.W. 87TH CT. MIAMI, FL 33176 US	Mailing Address 8000 W FLAGLER ST SUITE 101 MIAMI, FL 33144 US		
DO NOT WRITE IN THIS SPAC		CE	01292007 No Chg-P CR2E034 (11/05) 4. FEI Number
6. Name and Address of Curren POZO, JAIME 9090 SW 87 CT MIAMI, FL 33176	t Registered Agent		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement if the obligations of registered agent. SIGNATURE **Chalure, typed or inited name of registrad agent FILE NOW!!! FEE IS \$150.00 **After May 1, 2007 Fee will be \$550	n and tile if applicable (NOTE Registe 9. Election Campaign Fina	red Agent signature required	agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with accept the state of Flor
10. OFFICERS AND TITLE POZO, JAIME STREET ADDRESS 8000 W FLAGLER ST, #101 MIAMI, FL 33144 TITLE NAME	DIRECTORS		00.7 20.7 30.331 30 1 100.30
STREEI ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DO NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	.	4	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12: I hereby certify that the information supplied indicated on this report or supplemental report	In this filing does not qualify for the e	exemptions contained	d in Chapter 119, Florida Statutes, I further certify that the information same legal effect as if made under cath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if