

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000013692

1. Entity Name
PLC REAL ESTATE VENTURES, INC.



Principal Place of Business

420 LINCOLN RD
SUITE 330
MIAMI BCH, FL 33139 US

Mailing Address

420 LINCOLN RD
SUITE 330
MIAMI BCH, FL 33139 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0650694	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

PLC INVESTMENTS, INC.
420 LINCOLN ROAD, SUITE 330
MIAMI BCH, FL 33139

Name

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

City

FL Zip Code

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 restating)

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 SD
NAME MONTERO, HILDA C
STREET ADDRESS 420 LINCOLN ROAD, SUITE 330
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE PD
NAME CEJAS, PAUL L
STREET ADDRESS 420 LINCOLN ROAD, SUITE 330
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VP
NAME RODRIGUEZ, SANDRA
STREET ADDRESS 420 LINCOLN ROAD, SUITE 330
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE D
NAME CEJAS, GERTIE
STREET ADDRESS 420 LINCOLN ROAD, SUITE 330
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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

4/24/08 305-531-5220
Date Daytime Phone #