2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000034957

1. Entity Name
EAGLE REALTY, INC.

Principal Place of Business	Mailing Address
700 NE 90TH STREET A MIAMI, FL 33138	700 NE 90TH STREET A MIAMI, FL 33138

DO NOT WRITE IN THIS SPACE

01102008   No Chg-P   CR2E034 (11/05)

| **4.** FEI Number 65-0664601 | Applied For |
| | Not Applicable |

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

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6. Name and Address of Current Registered Agent

STEVEN K. BAIRD, P.A.
5981 NE SIXTH AVENUE
MIAMI, FL 33137

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IN THIS SPACE

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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)

01/15/08-90034-010 150.00

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

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10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	LAWSON, SUSAN L
STREET ADDRESS	700 NE 90TH STREET
CITY-ST-ZIP	MIAMI, FL 33138

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   1/10/08   305-694-5355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #