2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# P96000068615

Entity Name: PYRAMID REALTY CAPITAL CORP.

Current Principal Place of Business:

121 ALHAMBRA PLAZA
SUITE 1249
CORAL GABLES, FL 33134 US

New Principal Place of Business:

401 CORAL WAY
SUITE 202
CORAL GABLES, FL 33134 US

Current Mailing Address:

121 ALHAMBRA PLAZA
SUITE 1249
CORAL GABLES, FL 33134 US

New Mailing Address:

401 CORAL WAY
SUITE 202
CORAL GABLES, FL 33134 US

FEI Number: 65-0699308 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, PAUL
121 ALHAMBRA PLAZA
SUITE 1249
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

JONES, PAUL
665 CALATRAVA AVE
CORAL GABLES, FL 33143 US

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.

SIGNATURE: PAUL L. JONES 03/31/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JONES, PAUL L
Address: 121 ALHAMBRA PLAZA, SUITE 1249
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: JONES, MARGARITA C
Address: 121 ALHAMBRA PLAZA, SUITE 1249
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JONES, PAUL L
Address: 665 CALATRAVA AVE
City-St-Zip: CORAL GABLES, FL 33143

Title: D (X) Change ( ) Addition
Name: JONES, MARGARITA C
Address: 665 CALATRAVA AVE
City-St-Zip: CORAL GABLES, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL L. JONES PRES 03/31/2009
Electronic Signature of Signing Officer or Director Date