


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000083771</b> 1. Entity Name <b>LANDMARK FLORIDA REALTY, INC.</b>			
Principal Place of Business <b>2600 S.W. 3RD AVENUE 750 MIAMI, FL 33129 US</b>		Mailing Address <b>2600 S.W. 3RD AVENUE 750 MIAMI, FL 33129 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
6. Name and Address of Current Registered Agent  <b>PEREZ, WILLIAM I 4921 MONROE ST HOLLYWOOD, FL 33021</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		U000000609638 02/01/07-80057-020 150.00	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	PD	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	PEREZ, WILLIAM I		
STREET ADDRESS	2600 SW 3RD AVE, STE 750		
CITY-ST-ZIP	MIAMI, FL 33129		
TITLE			
NAME			
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>	
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<b>DO NOT WRITE IN THIS SPACE</b>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>	
CITY-ST-ZIP			
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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/25/07 (305) 528-0205 <small>Date Daytime Phone #</small>	