2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90276 043 ***150.00

DOCUMENT # P97000031087

1. Entity Name
WARREN LANE REALTY CORP.

Principal Place of Business	Mailing Address
848 BRICKELL AVE PENTHOUSE I MIAMI, FL 33131	848 BRICKELL AVE SUITE 700 MIAMI, FL 33131

04182005 · Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
848 Brickell Ave	
Suite, Apt. #, etc.: 700	Suite, Apt. #, etc.
City & State: Miami FL	City & State
Zip: 33131 Country: USA	Zip Country

4. FEI Number: 65-0751272 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURAI, WALD, BIONDO & MORENO, P.A. 900 INGRAHAM BLDG. 25 SOUTHEAST 2ND AVE. MIAMI, FL 33131	Name: Murai Wald Biondo Moreno & Brochin P.A. Street Address (P.O. Box Number is Not Acceptable): Two Alhambra Plaza Penthouse 1B City: Coral Gables FL Zip Code: 33134

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: _____ Rene V. Murai 4/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARDID, JOSE M 848 BRICKELL AVE, SUITE 700 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INIGO, ARDIO 848 BRICKELL AVE SUITE 700 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Jose Ardid 4/18/05 305-377-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #