

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000004824

1. Entity Name
CONDOR REAL ESTATE GROUP, INC.



Principal Place of Business
4900 NW 167TH ST.
MIAMI LAKES, FL 33014

Mailing Address
C/O 1SE 3RD AVENUE
SUITE 960
MIAMI, FL 33131

**FILED
May 02, 2007 08:00 A
Secretary of State**

DO NOT WRITE IN THIS SPACE

04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0896847	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROZENCWAIG, LESLIE A
1 SE 3RD AVENUE
SUITE 960
MIAMI, FL 33131

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IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

1000000754438
05/22/07-80060-022 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FLEISCHMAN, MIGUEL
STREET ADDRESS 4900 NW 167TH ST
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE S
NAME FLEISCHMAN, JULIETTE
STREET ADDRESS 4900 NW 167TH ST
CITY-ST-ZIP MIAMI LAKES, FL 33014

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel Fleischman

Date

Daytime Phone #

4/27/07 3056255151