2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000004824

Entity Name: CONDOR REAL ESTATE GROUP, INC.

FILED Jul 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4900 NW 167TH ST. C/O 301 W. HALLANDALE BEACH BOULEVARD

MIAMI LAKES, FL 33014 HALLANDALE BEACH, FL 33009

Current Mailing Address: New Mailing Address:

C/O 1SE 3RD AVENEU C/O 301 W. HALLANDALE BEACH BOULEVARD

SUITE 960 HALLANDALE BEACH, FL 33009 MIAMI, FL 33131

FEI Number: 65-0896847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROZENCWAIG, LESLIE A ROZENCWAIG, LESLIE A 1 SE 3RD AVENUE

301 W. HALLANDALE BEACH BLVD SUITE 960 HALLANDALE BEACH, FL 33009 MIAMI, FL 33131 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: LESLIE ALAN ROZENCWAIG, ESQ 07/24/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

FLEISCHMAN, MIGUEL FLEISCHMAN, MIGUEL Name: Name: 4900 NW 167TH ST C/O 301 W. HALLANDALE BEACH BOULEVARD Address: Address:

City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: HALLANDALE BEACH, FL 33009

() Delete Title: Title: (X) Change () Addition

FLEISCHMAN, JULIETTE Name: Name: FLEISCHMAN, JULIETTE

4900 NW 167TH ST Address: C/O 301 W. HALLANDALE BEACH BOULEVARD Address:

MIAMI LAKES, FL 33014 HALLANDALE BEACH, FL 33009 City-St-Zip: City-St-Zip:

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: MIGUEL FLEISCHMAN PD 07/24/2007

Electronic Signature of Signing Officer or Director

Date