


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2008 8:00 am
Secretary of State

09-08-2008 90001 004 ***150.00

DOCUMENT # P99000008829

1. Entity Name
CLARION REALTY GROUP, INC.



Principal Place of Business
**800 EAST BROWARD BLVD
 SUITE 302
 FORT LAUDERDALE, FL 33301**

Mailing Address
**800 EAST BROWARD BLVD
 SUITE 302
 FORT LAUDERDALE, FL 33301**

60040101

2. Principal Place of Business - No P.O. Box #
2950 W. CYPRESS CREEK RD

3. Mailing Address
2950 W. CYPRESS CREEK RD

Suite, Apt. #, etc.
SUITE 300

City & State
FORT LAUDERDALE FL.

City & State
FORT LAUDERDALE, FL

Zip
33309

Country
BROWARD



09032008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0894716

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**DAY, J ROBERT
 800 EAST BROWARD BLVD
 SUITE302
 FORT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

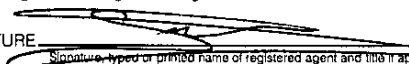
Name
DAY, J. ROBERT

Street Address (P.O. Box Number is Not Acceptable)
**2950 W. CYPRESS CREEK RD.
 SUITE 300**

City
FORT LAUDERDALE FL

Zip Code
33309

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  **SEPT. 3, 2008**
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
 Due by September 12, 2008**


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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAY, J. ROBERT 800 EAST BROWARD BLVD 302 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPIERS, DAVID G 800 EAST BROWARD BLVD FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAY, J. ROBERT 2950 W. CYPRESS CREEK RD - #300 FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPIERS, DAVID G 2950 W. CYPRESS CREEK RD #300 FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SEPT 3, 2008** 954-944-2690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #