
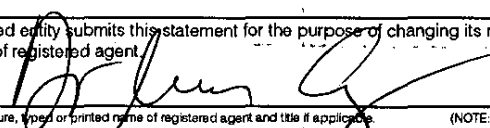
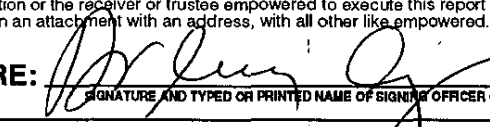


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90655 043 ***150.00

DOCUMENT # P99000024295 1. Entity Name MIAMI-DADE REAL ESTATE HOLDINGS, INC.					
Principal Place of Business 2260 SW 8 ST MIAMI, FL 33135			Mailing Address 2260 SW 8 ST MIAMI, FL 33135		
2. Principal Place of Business 11200 W. Flagler St Suite #211			3. Mailing Address P.O. Box 651612		
City & State Miami, Florida			City & State Miami, Florida		
Zip 33174		Country Florida		4. FEI Number 65-0912765	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent CRUZ, LUIS 2260 SW 8 ST MIAMI, FL 33135			7. Name and Address of New Registered Agent Name CRUZ, LUIS Street Address (P.O. Box Number is Not Acceptable) 11200 W. Flagler St, #211 City Miami FL Zip Code 33174		
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:  DATE: 4/29/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PS CRUZ, LUIS 2260 SW 8 ST MIAMI, FL 33135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CRUZ, LUIS 11200 W. Flagler St, Suite #211 Miami, FL 33174	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CRUZ, LUIS 2260 SW 8 ST MIAMI, FL 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CRUZ, LUIS 2260 SW 8 ST MIAMI, FL 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CRUZ, LUIS 2260 SW 8 ST MIAMI, FL 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CRUZ, LUIS 2260 SW 8 ST MIAMI, FL 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CRUZ, LUIS 2260 SW 8 ST MIAMI, FL 33135	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		Date: 4/29/04 Daytime Phone #: 305-541-4131			