## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000035301

3250 MARY ST. #501

COCONUT GROVE, FL 33133

Address:

City-St-Zip:

Entity Name: PLACES REALTY INCORPORATED

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3250 MAR	TINENTAL PLA Y STREET T GROVE, FL						
Current Mailing Address:				New Mailing Address:			
3250 MAR	TINENTAL PLA Y STREET T GROVE, FL						
FEI Number	: 65-0920734	FEI Numbe	er Applied For ( )	FEI Number Not Appl	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
307 CONT 3250 MAR	STEVEN C ES INENTAL PLA Y STREET T GROVE, FL	<b>Z</b> A					
	e named entity e of Florida.	submits this	statement for the	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUI							
Fl4: 0		Ū	e of Registered Ag	ent		Date	
Election Car	mpaign Financir	g Trust Fund	Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D/VP ( BERMAN, DAN 3250 MARY S' COCONUT GR	Г. #501	3	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D/P ( CRONIG, STE' 3250 MARY S' COCONUT GR	Г. #307	3	Title: Name: Address: City-St-Zip:	3250 MARY	(X) Change ( ) Addition TEVEN C ESQ. ST. #307 GROVE, FL 33133	
Title: Name: Address: City-St-Zip:	D/S ( SCHWARTZ, I 3250 MARY S' COCONUT GR	Г. #501	3	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name:	D/T ( SUKOFF, IRA	) Delete		Title: Name:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: STEVEN C. CRONIG D/P 01/05/2007