2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000035301

Entity Name: PLACES REALTY INCORPORATED

FILED Mar 12, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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501 CONTINENTAL PLAZA 307 CONTINENTAL PLAZA 3250 MARY STREET 3250 MARY STREET COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133

Current Mailing Address: New Mailing Address:

307 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133

FEI Number: 65-0920734 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:

CRONIG, STEVEN C ESQ 307 CONTINENTAL PLAZA 3250 MARY STREET COCONUT GROVE, FL 33133 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:

Name:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DNP() Delete Title: (X) Change () Addition BERMAN, DANA Name: Name: SUKOFF, IRA 3250 MARY ST. #501 2575 SOUTH BAYSHORE DRIVE Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: COCONUT GROVE, FL 33133

Title: D/P Title: () Delete () Change () Addition

Name: CRONIG, STEVEN C ESQ. Name: 3250 MARY ST. #307 Address: Address: COCONUT GROVE, FL 33133 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition D/S D/S SCHWARTZ, DAREN A SCHWARTZ, DAREN A Name: Name:

3250 MARY ST. #501 13255 BISCAYNE BAY TERRACE Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: NORTH MIAMI, FL 33181

Title: D/T (X) Delete Title: () Change () Addition

SUKOFF, IRA Name: Address: 3250 MARY ST. #501 Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip:

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.

SIGNATURE: STEVEN C. CRONIG P/D 03/12/2007