FILED 2008 FOR PROFIT CORPORATION Feb 19, 2008 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P99000049830 1. Entity Name PNR REALTY, INC. Principal Place of Business Mailing Address 10000 S.W. 56TH STREET 10000 S.W. 56TH STREET SUITE 28 SUITE 32 MIAMI, FL 33165 MIAMI, FL 33165 No Chg-P CR2E034 (11/05) 01282008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0925080 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODRIGUEZ, CONSUELO DO NOT WRITE 10000 S.W. 56TH STREET SUITE 32 IN THIS SPACE MIAMI, FL 33165 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in அத அடிக்கு the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE RODRIGUEZ, CONSUELO NAME STREET ADDRESS 10000 S.W. 56TH STREET SUITE 32 CITY-SI-ZIP MIAMI, FL 33165 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE IN THIS SPACE

12. Thereby 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 trustpe 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 a protection of the corporation of the corporation of the receiver or trustpe empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-08

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