

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90044 019 ***150.00

DOCUMENT # P99000061117 1. Entity Name DEL AMO REALTY, INC.			
Principal Place of Business 3211 PONCE DE LEON BLVD 220 CORAL GABLES, FL 33134		Mailing Address 3211 PONCE DE LEON BLVD 220 CORAL GABLES, FL 33134	
2. Principal Place of Business 3211 Ponce de Leon Blvd		3. Mailing Address 3211 Ponce de Leon Blvd	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Coral Gables, FL 33134		City & State Coral Gables, FL 33134	
Zip 33134		Zip 33134	
6. Name and Address of Current Registered Agent DEL AMO, CARLOS C 201 SEVILLA AVENUE SUITE 202 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Del Amo, Carlos C. Street Address (P.O. Box Number is Not Acceptable) 3211 Ponce de Leon Blvd Suite 200 City Coral Gables FL Zip Code 33134	
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 DEL AMO, CARLOS C <input type="checkbox"/> Delete 221 PONCE DE LEON BLVD STE 200 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Del Amo, Carlos C. <input type="checkbox"/> Change <input type="checkbox"/> Addition 3211 Ponce de Leon Blvd Suite 200 Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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:		3/22/05 305 648 0230 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			