

**FILED**

**Feb 14, 2006 08:00 AM**  
**Secretary of State**

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # P99000061117</b> 1. Entity Name <b>DEL AMO REALTY, INC.</b></div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business <b>3211 PONCE DE LEON BLVD 200 CORAL GABLES, FL 33134</b></div><div>Mailing Address <b>3211 PONCE DE LEON BLVD 200 CORAL GABLES, FL 33134</b></div></div>		<div style="text-align: right;"><b>Feb 14, 2006 08:00 AM</b> <b>Secretary of State</b></div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><span>0112006</span><span>No Chg-P</span><span>CR2E034 (11/05)</span></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number <b>65-0933634</b></div><div>Applied For <input type="checkbox"/> Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div><b>\$8.75 Additional Fee Required</b></div></div>																																								
<b>DO NOT WRITE IN THIS SPACE</b>																																										
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>6. Name and Address of Current Registered Agent</b></div> <div><b>DEL AMO, CARLOS C 3211 PONCE DE LEON BLVD SUITE 200 CORAL GABLES, FL 33134</b></div>	<div style="height: 100px; vertical-align: middle;"><b>DO NOT WRITE IN THIS SPACE</b></div>																																									
<b>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.</b>																																										
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>																																										
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	<div style="display: flex; justify-content: space-between;"><div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></div><div><b>\$5.00</b> May Be Added to Fees</div></div>	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;">11100000436615 02/28/06-80009-013 150.00</div>																																								
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"><b>10. OFFICERS AND DIRECTORS</b></div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%; font-size: 8px;">TITLE</td><td>PS</td></tr><tr><td style="font-size: 8px;">NAME</td><td>DEL AMO, CARLOS C</td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td>3211 PONCE DE LEON BLVD, SUITE 200</td></tr><tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td>CORAL GABLES, FL 33134</td></tr><tr><td style="font-size: 8px;">TITLE</td><td></td></tr><tr><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td></tr><tr><td style="font-size: 8px;">TITLE</td><td></td></tr><tr><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td></tr><tr><td style="font-size: 8px;">TITLE</td><td></td></tr><tr><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td></tr><tr><td style="font-size: 8px;">TITLE</td><td></td></tr><tr><td style="font-size: 8px;">NAME</td><td></td></tr><tr><td style="font-size: 8px;">STREET ADDRESS</td><td></td></tr><tr><td style="font-size: 8px;">CITY-ST-ZIP</td><td></td></tr></table>		TITLE	PS	NAME	DEL AMO, CARLOS C	STREET ADDRESS	3211 PONCE DE LEON BLVD, SUITE 200	CITY-ST-ZIP	CORAL GABLES, FL 33134	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<div style="height: 100px; vertical-align: middle;"><b>DO NOT WRITE IN THIS SPACE</b></div>
TITLE	PS																																									
NAME	DEL AMO, CARLOS C																																									
STREET ADDRESS	3211 PONCE DE LEON BLVD, SUITE 200																																									
CITY-ST-ZIP	CORAL GABLES, FL 33134																																									
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-ST-ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-ST-ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-ST-ZIP																																										
TITLE																																										
NAME																																										
STREET ADDRESS																																										
CITY-ST-ZIP																																										
<div style="display: flex; justify-content: space-between;"><div>12. I hereby 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, trustee or 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.</div><div style="text-align: right;"><div style="display: flex; justify-content: space-between;"><div><b>SIGNATURE:</b> </div><div>2/8/06</div><div>305 648 0230</div></div><div style="display: flex; justify-content: space-between; font-size: 8px;"><div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date</div><div>Daytime Phone #</div></div></div></div>																																										