## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # P99000080803** 1. Entity Name E.G. REAL ESTATE HOLDINGS, INC. Principal Place of Business Mailing Address 2121 S.W. 3RD AVENUE 2121 S.W. 3RD AVENUE

**FILED** Apr 09, 2008 08:00 Al Secretary of State



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STE 800

MIAMI, FL 33129

4. FEI Number 65-0956765 5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

PITA, RODOLFO 2121 SW 3 AVE **STE 800** MIAMI, FL 33129

SIGNATURE:

SIGNATURE AND TY

**STE 800** 

MIAMI, FL 33129

## DO NOT WRITE IN THIS SPACE

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				DATE	
	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registered	1 Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	U00000886949	5000.
10.	OFFICERS AND DIREC	CTORS		. 04/10/00-00010 000	00 1 00
name Street address City-St-Zip	DP POMA, ERNESTO 2121 S.W. THIRD AVENUE #800 MIAMI, FL 33129				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PITA, RODOLFO E 2121 S.W. THIRD AVENUE #800 MIAMI, FL 33129				
TITLE NAME STREET ADDRESS CITY+ST+ZIP			DC	NOT WRITE	
TITLE			l in	THIS SPACE	
NAME Street Address City-St-Zip					**
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 or trustee employered 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.					

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Roadlfo fita

04/07/08

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