

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S29790

FILED
Nov 12, 2008
Secretary of State**Entity Name:** TRIZEL COMMERCIAL REAL ESTATE SERVICES, INC.**Current Principal Place of Business:**250 CATALONIA AVE
SUITE 305
CORAL GABLES, FL 33134**New Principal Place of Business:**2460 SW 22ND STREET
2ND FLOOR
MIAMI, FL 33145**Current Mailing Address:**250 CATALONIA AVE
SUITE 305
CORAL GABLES, FL 33134**New Mailing Address:**2460 SW 22ND STREET
2ND FLOOR
MIAMI, FL 33145**FEI Number:** 65-0242780**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CHIALASTRI, CARLOS
250 CATALONIA AVE
SUITE 305
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**CHIALASTRI, CARLOS
2460 SW 22ND STREET
2ND FLOOR
MIAMI, FL 33145 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:

Electronic Signature of Registered Agent

11/12/2008

Date**OFFICERS AND DIRECTORS:**

Title: D () Delete
Name: CHIALASTRI, CARLOS,
Address: 250 CATALONIA AVE #305
City-St-Zip: CORAL GABLES, FL

Title: D () Delete
Name: CHIALASTRI, THOMAS,
Address: 250 CATALONIA AVE #305
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CHIALASTRI, CARLOS,
Address: 2460 SW 22ND STREET
City-St-Zip: MIAMI, FL 33145

Title: D (X) Change () Addition
Name: CHIALASTRI, CARLOS,
Address: 2460 SW 22ND STREET
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS CHIALASTRI

D

11/12/2008

Electronic Signature of Signing Officer or Director_____
Date