


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # S53134**

1. Entity Name  
**MORTGAGE AND REALTY INVESTMENT CORPORATION OF THE SOUTHEAST**



Principal Place of Business 550 BILTMORE WAY 700 CORAL GABLES, FL 33134 US	Mailing Address 550 BILTMORE WAY 700 CORAL GABLES, FL 33134 US
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07092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0263896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

POLLER, NEALE J  
 550 BILTMORE WAY  
 #700  
 CORAL GABLES, FL 33134

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September-14, 2007**

9. Election Campaign Financing: **\$5.00** May Be Added to Fees

Trust Fund Contribution

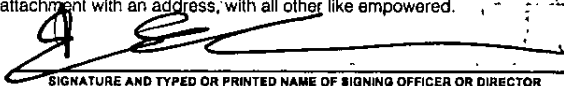
10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	CAMNER, ALFRED R.
STREET ADDRESS	550 BILTMORE WAY, SUITE 700
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	ST
NAME	CAMNER, ANNE S
STREET ADDRESS	550 BILTMORE WAY #700
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V
NAME	CAMNER, DANIELLE
STREET ADDRESS	550 BILTMORE WAY, SUITE 700
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	V
NAME	CAMNER, ERRIN
STREET ADDRESS	550 BILTMORE WAY #700
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	V
NAME	CAMNER, LAUREN
STREET ADDRESS	550 BILTMORE WAY #700
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 07/17/07-80001-009 558.75

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 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #