

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S53134

FILED
Apr 24, 2009
Secretary of State

Entity Name: MORTGAGE AND REALTY INVESTMENT CORPORATION OF THE SOUTHEAST

Current Principal Place of Business:

550 BILTMORE WAY
700
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

550 BILTMORE WAY
700
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 65-0263896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CAMNER, ALFRED R.
Address: 550 BILTMORE WAY, SUITE 700
City-St-Zip: CORAL GABLES, FL

Title: ST () Delete
Name: CAMNER, ANNE S
Address: 550 BILTMORE WAY #700
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: CAMNER, DANIELLE
Address: 550 BILTMORE WAY, SUITE 700
City-St-Zip: CORAL GABLES, FL

Title: V () Delete
Name: CAMNER, ERRIN
Address: 550 BILTMORE WAY #700
City-St-Zip: CORAL GABLES, FL

Title: V () Delete
Name: CAMNER, LAUREN
Address: 550 BILTMORE WAY #700
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALFRED R. CAMNER

DP

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date