


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # V27901</b> 1. Entity Name CAPITAL GROUP REALTY, INC.	
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Principal Place of Business 407 LINCOLN ROAD SUITE 2K MIAMI BEACH, FL 33139	Mailing Address 407 LINCOLN ROAD SUITE 2K MIAMI BEACH, FL 33139
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**DO NOT WRITE IN THIS SPACE**



05042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0328642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, LEOPOLDO  
407 LINCOLN ROAD  
SUITE 2K  
MIAMI BEACH, FL 33139

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, LEOPOLDO 407 LINCOLN ROAD SUITE 2K MIAMI BEACH, FL 33139
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05/25/07-80085-021 150.00

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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:**  **5-4-07 305-672-9616**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #