


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90005 047 ***150.00

DOCUMENT # F66390
 1. Entity Name
 FLORIDA EAST COAST REALTY, INC.



Principal Place of Business Mailing Address
 P.O. 012949 P. O. BOX 012949
 MIAMI, FL 33101 US MIAMI, FL 33101 US

40030003



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-2166506 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CROGAN, KATHLEEN
 100 S. BISCAYNE BLVD
 STE 1100
 MIAMI, FL 33131

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) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

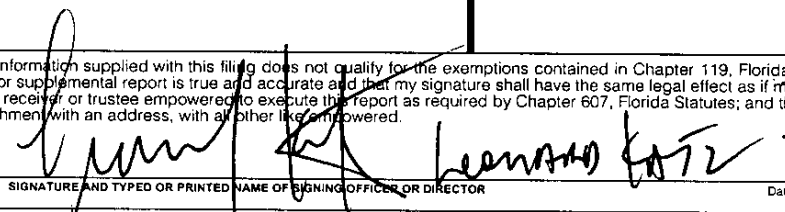
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	BAER, STEVE
STREET ADDRESS	100 S. BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VDS
NAME	HOLLO, WAYNE
STREET ADDRESS	100 S. BISCAYNE BLVD.
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	DAHAN, PHILLIP C
STREET ADDRESS	100 S BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	PD
NAME	HOLLO, TIBOR
STREET ADDRESS	100 S BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	T
NAME	KATZ, LEONARD
STREET ADDRESS	100 S. BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

032-6310