

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

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|---|--|---|--|-----------------------------|-------------------------------|
| DOCUMENT # 470992 1. Entity Name F G REALTY, INC. | |  | | | |
| Principal Place of Business 3107 STIRLING ROAD 201 FORT LAUDERDALE, FL 33312 | | Mailing Address 3107 STIRLING ROAD 201 FORT LAUDERDALE, FL 33312 | | | |
| DO NOT WRITE IN THIS SPACE | | 04062005 No Chg-P CR2E034 (10/03) | | | |
| | | <table border="1"> <tr> <td>4. FEI Number 59-1651937</td> <td>Applied For Not Applicable</td> </tr> <tr> <td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td> </tr> </table> | | 4. FEI Number 59-1651937 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent GALEA, VINCENT 7400 OCEAN TERRACE MIAMI BEACH, FL 33141 | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE U00000292748 04/08/05-80001-005 150.00 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P GALEA, VINCENT 7400 OCEAN TERRACE MIAMI BEACH, FL 33141 | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VST GALEA, SALVATORE 7400 OCEAN TERRACE MIAMI BEACH, FL 33141 | | | | |
| 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 exemption stated in Section 119.07(3)(i), 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: <u><i>[Signature]</i></u> | | Date: <u>4-6-05</u> Daytime Phone # _____ | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |