

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L53307

1. Entity Name
ABRAMOWITZ REALTY CORP.



Principal Place of Business
C/O RICHARD ABRAMOWITZ
7800 W. OAKLAND PARK BLVD. SUITE 101
SUNRISE, FL 33351

Mailing Address
C/O RICHARD ABRAMOWITZ
7800 W. OAKLAND PARK BLVD. SUITE 101
SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0206846

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ABRAMOWITZ, RICHARD
7800 W. OAKLAND PARK BLVD.
SUITE 101
SUNRISE, FL 33351

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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
ABRAMOWITZ, RICHARD
7800 W OAKLAND PARK BLV
SUNRISE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
ABRAMOWITZ, STEPHEN
7800 W OAKLAND PARK BLV
SUNRISE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/01/04-80037-004 150.00

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

748-0760