


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L53307</b> 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**



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0206846	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  ABRAMOWITZ, RICHARD 7800 W. OAKLAND PARK BLVD. SUITE 101 SUNRISE, FL 33351
--

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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, ROBIN 7800 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33351
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	

U000000727776  
05/04/07-80062-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

<b>SIGNATURE:</b> 	RICHARD ABRAMOWITZ	4/16/07	954-572-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #