2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000100795

1. Entity Name
REALTY CC, INC.

Principal Place of Business	Mailing Address
180 NORTH EAST 39 STREET #106 MIAMI, FL 33137	180 NORTH EAST 39 STREET #106 MIAMI, FL 33137

03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1115225
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ABAD, MAYLENE ESQ.
3191 CORAL WAY
SUITE 114
MIAMI, FL 33145

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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	PD
NAME	CIANI, FRANCESCO
STREET ADDRESS	180 NORTH EAST 39 STREET #106
CITY ST ZIP	MIAMI, FL 33137
TITLE	V
NAME	CAPPELLI, ROBERTO
STREET ADDRESS	180 NORTH EAST 39 STREET #106
CITY ST ZIP	MIAMI, FL 33137
TITLE	V
NAME	CIANI, ENRICO
STREET ADDRESS	180 NORTH EAST 39 STREET #106
CITY ST ZIP	MIAMI, FL 33137
TITLE	ST
NAME	CAPPELLI, ANTONIO
STREET ADDRESS	180 NORTH EAST 39 STREET #106
CITY ST ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000138506
04/29/04-80083-005 150.00

DO NOT WRITE IN THIS SPACE

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: _____ 04/27/04 305-576-3232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #