


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90044 001 \*\*\*150.00

**DOCUMENT # P02000049442**

1. Entity Name  
**1 FLORIDA REALTY, INC.**



Principal Place of Business  
**6175 N.W 167TH STREET  
 SUITE # G-8  
 MIAMI FL 33015**

Mailing Address  
**18246 MEDITERRANEAN BLV.  
 SUITE # 1002  
 MIAMI FL 33015**

**34048000**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
**6175 N.W 167 ST**  
 Suite, Apt. #, etc.  
**SUITE # G-8**  
 City & State  
**MIAMI, FL**  
 Zip  
**33015**  
 Country  
**USA**

MOORE CR2E034 (11/03)  
 Should be: **74-3043086**

4. FEI Number **14-3043086** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**GONZALEZ, ENRIQUE H  
 18246 MEDITERRANEAN BLV.  
 SUITE # 1002  
 MIAMI FL 33015**

7. Name and Address of New Registered Agent  
 Name **SAME**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6129 N.W 176 Te**  
 City **MIAMI** FL Zip Code **33015**

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 *R. Gonzalez* (NOTE: Registered Agent signature required when reinstating) DATE **03-08-04**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<input type="checkbox"/> Delete <b>P GONZALEZ, ENRIQUE H 18246 MEDITERRANEAN BLV. SUITE # 1002 FL 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SAME SAME 6129 N.W 176 Te. MIAMI, FL, 33015</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *R. Gonzalez* DATE: **03-08-04** DAYTIME PHONE #: **305-828-2717**