


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90065 038 ***150.00

DOCUMENT # P03000061700

1. Entity Name
TELLY PROPERTIES CORP.



Principal Place of Business
16485 COLLINS AVENUE #2432
SUNNY ISLES BEACH, FL 33160

Mailing Address
16485 COLLINS AVENUE #2432
SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



01062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

SERBER, DANIEL J ESQ
SERBER & ASSOCIATES, P.A.
2875 NE 191ST STREET SUITE 801
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 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	D	<input type="checkbox"/> Delete
NAME	DE LEVY, ESTRELLA B	
STREET ADDRESS	16485 COLLINS AVENUE #2432	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEHAR, ELIAS L	
STREET ADDRESS	16485 COLLINS AVENUE #2432	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE SHEMARIA, OLGA LEVY	
STREET ADDRESS	16485 COLLINS AVENUE #2432	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEHAR, RAFAEL L	
STREET ADDRESS	16485 COLLINS AVENUE #2432	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 lists empowered.

SIGNATURE: *Estrella B. de Levy* ESTRELLA B. de Levy 01/06/04 (305) 932-6262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #