

FROM : CARLYLE MANAGEMENT

FAX NO. : 1914656293

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90008 018 \*\*\*150.00

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # P95000011893**

1. Entity Name  
**SGR REALTY CORPORATION**

Principal Place of Business: **3900 S. CEAN DRIVE HOLLYWOOD, FL 33407**  
Mailing Address: **PO BOX 803 KATONAH, NY 10835**

2. Principal Place of Business: **3900 S. CEAN DRIVE HOLLYWOOD, FL 33407**  
3. Mailing Address: **PO BOX 803 KATONAH, NY 10835**

4. Filing Number: **65-0556128**

5. Certificate of Status Desired:  **\$5.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **ROSENER, CHARLES 18845 COLLINS AVENUE APT 605 MIAMI BEACH, FL 33160**

7. Name and Address of New Registrar (If Applicable): **Louis Carbone Street Address: 11 South ... City: ... Zip Code: ...**

8. The undersigned hereby certifies that the information furnished in this report is true and accurate and that the signature affixed hereon is the signature of the registered officer or director of the corporation of the registered agent.

SIGNATURE: *[Signature]* **3/26/04**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>ROSENER, CHARLES</b> PO BOX 803 KATONAH, NY 10835	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>YACHES, BART</b> 780 N.W. 100TH TERRACE PLANTATION, FL 33324	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>ROSENER, FRANCES</b> PO BOX 613 KATONAH, NY 10835	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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 190.07(5)(b), Florida Statutes. I further certify that the information included on this report or supplement thereto is true and accurate and that my signature affixed hereon is made under oath and that I am an eligible officer or director of the corporation or the registrar or trustee if empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 or changed, or on an attachment with an address, with all other like information.

SIGNATURE: *[Signature]* **3/26/04**