## >2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 11, 2005 08:00 AM DOCUMENT.# S76967 **Secretary of State** 1. Entity Name LIAN & MIRSKY REALTY, INC. Principal Place of Business Mailing Address 700 US HWY ONE 700 U.S. HWY ONE, STE A NORTH PALM BEACH, FL 33408 N PALM BCH, FL 33408 US 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0283511 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIRSKY, NORMA DO NOT WRITE 700 US HWY ONE SA IN THIS SPACE N PALM BCH, FL 33408 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, typed or printed name of registered agent and title if applicable [NOTE. Registered Agent signature required when reinstating] \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. VP TITLE MIRSKY, NORMA L NAME -- UDABON1?7605 STREET ADDRESS 700 US HWY ONE S-A CITY-ST-ZIP N PALM BCH, FL 01/11/05-80055-002 300.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 episowered 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.

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/0/05

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Daytime Phone i

**FILED**