



**2004 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

FILED

04 OCT 25 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 306707</b>			
1. Entity Name 9379 REALTY CORP.			
Principal Place of Business 9365 COLLINS AVE. SURFSIDE, FL 33154		Mailing Address 9365 COLLINS AVE. SURFSIDE, FL 33154	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>EDELSTEIN, BERNARD S. 9365 COLLINS AVE. SURFSIDE, FL 33154</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 _____ <small>Signature is typed or printed name of registered agent and so on if applicable. (NOTE: Registered Agent signature required when registering)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELSTEIN, A.J.	NAME	500042159555
STREET ADDRESS	9365 COLLINS AVE.	STREET ADDRESS	10/25/04--01067--017/*\$61.25
CITY-ST-ZIP	MIAMI BEACH, FL 33154	CITY-ST-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELSTEIN, BERNARD	NAME	
STREET ADDRESS	9365 COLLINS AVE.	STREET ADDRESS	
CITY-ST-ZIP	SURFSIDE, FL 33154	CITY-ST-ZIP	
TITLE	V	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEINBERG, IRWIN L.	NAME	EDELSTEIN, ANDREA
STREET ADDRESS	3 JAEGER DRIVE	STREET ADDRESS	9365 Collins Avenue
CITY-ST-ZIP	OLD BROOKVILLE, NY	CITY-ST-ZIP	Surfside, FL 33154
TITLE		TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	EDELSTEIN, CRAIG
STREET ADDRESS		STREET ADDRESS	9365 Collins Avenue
CITY-ST-ZIP		CITY-ST-ZIP	Surfside, FL 33154
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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 807, 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: 		Date: 10/14/04 305538-5577	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	