

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 22, 2005 8:00 am
Secretary of State

02-02-2005 90047 021 ****50.00
03-22-2005 90009 048 ***100.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # F01000002163			
1. Entity Name CONSOLIDATED REALTY, INC.			
Principal Place of Business 250 PILOT ROAD, SUITE 300 LAS VEGAS NV 89119		Mailing Address 801 S. RAMPART BLVD., SUITE 200 LAS VEGAS NV 89145	
2. Principal Place of Business ?		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 88-0326676		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301		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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAPLAN, MICHAEL 801 S. RAMPART BLVD., STE 200 LAS VEGAS NV ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/SECRETARY KEVIN BLAIR 801 S. RAMPART BLVD., STE. 200 LAS VEGAS, NEVADA 89145 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KALBER, MARIA 250 PILOT ROAD, SUITE 300 LAS VEGAS NV 89103 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/FORD JOHN CRAWFORD 801 S. RAMPART BLVD., STE. 200 LAS VEGAS, NEVADA 89145 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONOYUDIS, JAMES 5499 W. TROPICANA AVENUE LAS VEGAS NV ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUTLEDGE, LYNN 801 S. RAMPART BLVD., STE 200 LAS VEGAS NV ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>Kevin Blair</i>		KEVIN BLAIR-DIR/SEC <i>01/22/05</i> 702-967-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	