2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State

	ANNUAL	LREFURI		_	secretai	ry or Si	late
1. Entity Nam	MENT # P0200002 S REALTY, INC.	3290			04-08-2005 90	•	
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	* 7	40000	JUU	
55 WESTON		55 WESTON ROAD					
# 307	2222	# 307					
WESTON, FL	33320	WESTON, FL 33326		A HERRITA DI CONT		R (1888) (1818) (1818) (1818) (1818)	an n ian
	Place of Business	3. Mailing Address					
Suite, Apt.	My Courserce How	12too norn Ce	Suite, Apt. #, etc.				
301	B, Cit.	30(03312005	Chg-P C	R2E034 (10/03)	
City & Stat		City & State	T/	4. FEI Number			plied For
Wes-	Country	(Deston	Country	02-05875	32		Applicable
3333		33316	usa	5. Certificate of S	Status Desired [38.75 Addi Fee Required	
	6. Name and Address of Curren	Registered Agent	Name ·	7. Name and Ad	Idress of New Regist	tered Agent	
FERREIR	O OTILIO	in-ferrein	0				
FERREIRO, OTILIO 55 WESTON ROAD Street Address (s Not Acceptable)	V.Ont.	
# 307	EI 33338		2400 111	_	16100100	x arry	
WESTON, FL 33326				301		7:- 0:-4-	
		1	Ue	esto 1		FL Zip Code	40
the above the obligat	named entity submits this statement to tions of registered eigent.	or the purpose of changing its	s registered office or regis	tered agent, or both, i	n the State of Florida.	. I am familiar with, a	and accept
1/2-							
SIGNATURE	Signature, typed or printed name of registered agen	t and the il applicable. (NO	E: Registered Agent signature requi	red when reinstaking)		DATE	
	. /.						
After M	E NOWIII FEE IS \$150.00 ay 1, 2005 Fee will be \$550		· · ·	5.00 May Be Ided to Fees			
10.	OFFICERS AND	**	11.	ADDITIONS/CH	IANGES TO OFFICER		
TITLE NAME	FERREIRO, OTILIO	Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	55 WESTON ROAD # 307		STREET ADDRESS				
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	w			
TITLE.		Delete	TITLE NAME	•		Change:	Addition Addition
STREET ADDRESS			STREET ADDRESS				·
CITY-ST-ZIP			CATY-ST-ZIP				
TITLE		☐ Delete	TITLE	•		Change .	Addition .
NAME STREET ADDRESS			RAME Street address				
- CITY-ST-ZIP		, , , .	CITY-ST-ZIP				
TIFE-		☐ Delete	TITLE	•••••		☐ Change	☐ Addition
NAME			NAME		•		
STREET ADORESS			STREET ADDRESS CITY-ST-ZIP				
TITLE		, Delete	TIFLE			☐ Change	Addition
NAME		! —	NAME	•		•	.—
STREET ADDRESS		1	STREET ADDRESS				
CITY-ST-ZIP		- Floring	CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Chami	TT AARDIA
RAME		Delete	TITLE:			Change:	Addition:
STREET ADDRESS		i i	STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. Thereby indicated	certify that the information supplied will don this report or supplemental report	in this filling does not qualify for is true and accurate and that	or the exemption stated in my signature shall have th	Section 119.07(3)(i), F e same legal effect as	Torida Statutes. I furth s if made under oath;	her certify that the in that I am an officer	formation or director

of the corporation or the receiver or inustee 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

CHAPTURE AND TYPED OR PRINTED HARE OF SIGNING OFFICIA OR DIRECTO

41 05 454385.55.