2005 FOR PROFIT CORPORATION

FILED Apr 18, 2005 08:00 AM Secretary of State

ANNUA	L REPORT	*
DOCUMENT # 260535 1. Entity Name FILMORE REALTY CORP.		
Principal Place of Business 3850 HOLLYWOOD BLVD. SUITE #400 HOLLYWOOD, FL 33021	Mailing Address 3850 HOLLYWOOD BLVD. SUITE #400 HOLLYWOOD, FL 33021	-
DO NOT WRITI	E IN THIS SPA	ACE -

3850 HOLLY SUITE #400 HOLLYWOOD	PO NOT WRITE IN		CE	04112005 4. FEI Numbe 59-1010	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
3850 HOLE SUITE #40 HOLLYWO	OOD, FL 33021			ר או	NOT W	ACE
the obligat	named entity submits this statement for the pions of registered agent. Signature, typed or printed name of registered agent and title E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	<u>.</u>	l Agent signature re	squired when reinstating) \$5.00 May Be Added to Fees	h, in the State of Flor	rida. I am familiar with, and accept
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECTOR VP CORNFELD, JUDITH 3850 HOLLYWOOD BLVD #400 HOLLYWOOD, FL DP CORNFELD, ROBERT M 3850 HOLLYWOOD BLVD., #400 HOLLYWOOD, FL	CTORS			ենսսներ 1-20/18/05-	311608 80051-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NOT W THIS SP	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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)(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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED ON REINTED NAME OF SIDNING OFFICE ON DIRECTOR

Date

Date

Date

Date

Dayline Phone #