

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90014 043 \*\*\*150.00

<b>DOCUMENT # S76967</b> 1. Entity Name <b>LIAN &amp; MIRSKY REALTY, INC.</b>																																	
Principal Place of Business 700 U.S. HWY ONE, STE A NORTH PALM BEACH, FL 33408		Mailing Address 1203 TOWN CTR DRIVE STE 109 JUPITER, FL 33458 US																															
2. Principal Place of Business No P.O. Box # <b>1203 Town Center Dr</b> Suite, Apt. #, etc. <b>Ste 109</b>		3. Mailing Address <b>2316 Palm Harbor Dr.</b> Suite, Apt. #, etc.																															
City & State <b>Jupiter, FL</b>		City & State <b>P.B. Gardens FL 33410</b>																															
Zip <b>33458</b>		Zip <b>33410</b>																															
Country <b>U.S.A.</b>		Country <b>USA</b>																															
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input checked="" type="checkbox"/> Not Applicable																															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		01082008 Chg-P CR2E034 (12/06)																															
6. Name and Address of Current Registered Agent  <b>MIRSKY, NORMA</b> <b>700 US HWY ONE</b> <b>SA</b> <b>N PALM BCH, FL 33408</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>																															
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="width:50%;">           VP            MIRSKY, NORMA L            700 US HWY ONE S-A            N PALM BCH, FL         </td> <td style="width:50%;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td colspan="2"></td><td><input type="checkbox"/> Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIRSKY, NORMA L 700 US HWY ONE S-A N PALM BCH, FL	<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">           TITLE            NAME            STREET ADDRESS            CITY-ST-ZIP         </td> <td style="width:50%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"></td></tr> <tr><td colspan="2"></td></tr> <tr><td colspan="2"></td></tr> <tr><td colspan="2"></td></tr> <tr><td colspan="2"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Norma Mirsky</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <b>1/20/08</b> Daytime Phone: <b>561-313-6504</b>																															